



30 July 2005

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NPSA highlights safety reporting from pharmacy

Manchester offers £10k for facility upgrade

Teva buys IVAX for \$7.4bn to be world's biggest

Bringing up baby – special needs and the market



Nurofen Back Pain SR Capsules contain ibuprofen. They are for the relief of back pain only and will not increase back flexibility. Heat Patches do not contain ibuprofen.

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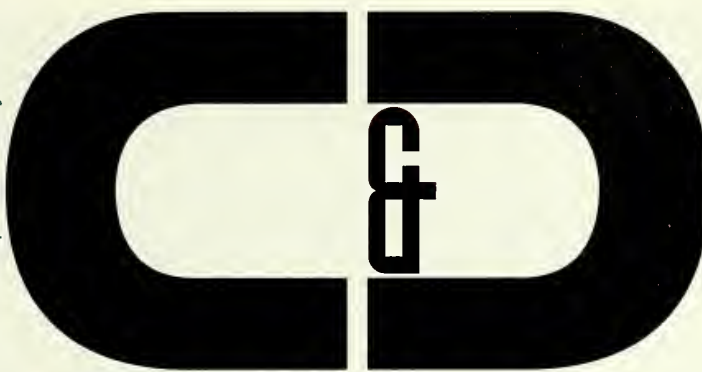


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Pharmacy IT suppliers are still unsure what the final criteria for ETP compliance will involve, commented Gary Feary (left), IT director at Lloydspharmacy. He is calling for both the Department of Health and Connecting for Health to clarify exactly what criteria pharmacy needs to meet

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LEGISLATION

Cheaper OTCs could decide contract bids

by Gary Paraguri

Pharmacists applying for pharmacy contracts in England could be required to offer cheaper over the counter medicines and pay up to £500 to process the application under Government proposals published this Tuesday.

The DoH believes the changes – first highlighted in *C&D* in February – are needed to promote greater self-care by patients and reduce their reliance on the NHS, and to cut the financial burden for PCTs when dealing with contract applications, in particular, from ‘speculative bids’. The DoH has proposed amending the *NHS Act 1977* to accommodate the changes.

The DoH wants to allow PCTs, when assessing contract applications, to consider the

improvements they would bring to the provision of, and access to, OTC medicines and other healthcare products. This requirement would cover applications for inclusion on PCTs’ pharmaceutical lists and to applications from those already on lists who apply for additional premises or for extra services. Minor relocations are excluded.

The DoH says that, under the new pharmacy contract, consideration of what now constitutes pharmaceutical services has expanded to include services such as support for self-care. But although OTC sales are private sales, the DoH says they are “closely related” to the pharmaceutical services that contractors are now expected to offer. The DoH also refers to the

£30 million the OFT predicted consumers could save on OTCs if market entry was ‘unrestricted’ and from increased competition from supermarket pharmacies.

The proposal to introduce charges for applications could help offset NHS costs, estimated at £9m annually. The DoH says applicants could be charged a graduated scale from £150 for a minor relocation up to £500 for a full application. All fees would be non-refundable. If the NHS decided on 1,500 applications in 2005–06 and the percentage of decisions that do not require consultation remains constant, this could save the NHS around £450,000, the DoH estimates.

The fees would apply to those applying for inclusion to a PCT’s pharmaceutical list and for

additional premises, change of premises (including minor relocations) and additional services from existing premises.

The proposals, open to consultation until September 20, are a consequence of the 2003 OFT report into the control of entry regulations and pharmacy services. In announcing in 2004 the programme to implement reforms in light of the OFT report, ministers had said they would consider new primary legislation to bring about the changes announced this week.

Comments on the proposal should be posted to Gillian Farnfield, DoH room 453D, Skipton House, 80 London Road, London SE1 6LH, or e-mailed to [mb-pharm\(comm\)-cons@dh.gsi.gov.uk](mailto:mb-pharm(comm)-cons@dh.gsi.gov.uk)

PRACTICE

Community pharmacy reports 54 patient incidents

Of the 85,000 patient safety incidents reported by healthcare professionals between November 2003 and March 2005, only 54 were reported by community pharmacists.

This represents just 0.1 per cent of the total number of incidents reported during the period, according to the National Patient Safety Agency’s (NPSA) first public analysis of patient safety data in England and Wales.

However, the figure is expected to increase with the requirement to report such incidents under the new pharmacy contract in England and Wales, which came into force on April 1. According to Wendy Harris, senior pharmacist at the NPSA, a further 40 incidents were reported by community pharmacists between April 1 and June 30 this year.

Professor Richard Thomson, director of epidemiology and research at the NPSA, said the association was working with pharmacy multiples and the National Pharmacy Association to improve incident reporting via pharmacies. The NPSA and the pharmacy groups are examining

any incident reporting systems already in place in pharmacies to see how they can be adapted to make it easier to feed into the NPSA’s reporting system.

Community pharmacy data is currently aggregated within all the reports but, as the pharmacy data increases, the NPSA will seek to identify any emerging trends in incidents and disseminate any lessons to pharmacists, Ms Harris said. However, she did not anticipate a large number of incidents in community pharmacy.

Ms Harris said the NPSA was working with NHS Connecting for Health to ensure that future services, such as electronic transmission of prescriptions, incorporated features to reduce patient incidents. This could mean, for example, that it is mandatory to include dosages for all prescribed medicines, or that prescribed medicines are labelled with their use eg take one daily for blood pressure.

Charles Vincent, professor of clinical safety research at London’s Imperial College, said that research into patient safety was at an early stage and that an



Wendy Harris: NPSA will identify any emerging trends

assumption that problems will be fixed straight away was “dangerous”.

Pharmacists can report patient safety incidents anonymously to the NPSA via its online national reporting and learning system at www.npsa.nhs.uk/eform

The NPSA has also published a bulletin highlighting lessons learnt from patient safety incidents. This includes advice on the use of anticoagulants, which were involved in 311 incidents, according to the NPSA’s analysis.

RETAILING

Home Office rules out bomb advice

The common nature of the chemicals used in the London bombings has stopped the Home Office putting pharmacists on alert.

The Home Office told *C&D* that it would not be issuing an appeal to pharmacists to be on the look out for potential terrorists seeking ingredients for a bomb.

“The ingredients are very common,” said a Home Office source, but added: “We are not putting out an appeal specifically to pharmacists.”

The ingredients are alleged to have included an expensive form of perfume, which was used to increase the power of the blasts.

A spokesman for the Health Protection Agency said: “This is clearly a police/security matter.”

There were concerns over the earlier ricin bomb scare that terrorists were able to buy the ingredients commercially.

The Home Office is stressing vigilance by the general public but is not targeting pharmacists for help.

GP

CB

Inbrief

Delivering 9,000 condoms to the Treasury may not seem the most obvious way to celebrate the start of Parliament's summer recess, but that's exactly what Superdrug did last Wednesday. The company carried out the stunt as part of its ongoing campaign to make condoms VAT-free, and says it is still waiting for the Treasury to respond to its letter demanding the contraceptives' reclassification from a luxury to an essential item. However, a Treasury spokesman said: "We are grateful for today's representations and we appreciate the case being made. All taxes are kept under review and decisions on changes are taken by the Chancellor within the budget process." The department refused to accept delivery, and Superdrug donated the supplies to charity.



AAH waste guide

AAH Pharmaceuticals has updated its new contract pack to incorporate recent PSNC guidelines on the disposal of hazardous waste.

The company says the waste guidance will be the first in a series of regular updates to its contract pack.

Commenting on the issue of waste medicines, Ajit Malhi, AAH professional services manager, said that medicines use reviews were likely to lead to a "significant reduction in the amount of medicines returned by patients because pharmacists will quickly be able to identify irrelevant or unused drugs".

Eczema booklet

The National Eczema Society's booklet on childhood atopic eczema will be available free throughout national eczema week, which is themed 'Living with the enemy - eczema and the family' and takes place from September 17 to 24.

The charity is also keen to encourage healthcare professionals to take advantage of the free information available from its professional membership scheme including patient leaflets, eczema research material and details on the latest treatments.

For more information:

Tel: 0207 561 8230

E-mail: professional@eczema.org

Smoking inquiry

The House of Commons health select committee has launched an inquiry into the Government's proposals to restrict smoking in public places.

Organisations and individuals wishing to submit a short memorandum must do so by September 14. Evidence sessions for the inquiry are likely to begin in October.

£60m for NHS staff

Health secretary Patricia Hewitt has announced £60 million of funding to ensure that NHS staff without professional qualifications have access to learning accounts and NVQs. The funding will be used to develop the skills of some 223,000 healthcare assistants working in the NHS. Ms Hewitt said it was important that the skills that they had were developed, otherwise the NHS "simply wouldn't function".

PRACTICE

Pharmacists get up to £10k to upgrade for health pilot

by Adrienne de Mont

Greater Manchester pharmacists started training last week for a pilot in which they will monitor patients with cardiovascular disease and diabetes.

For the pilot, each of the 22 pharmacists will be claiming up to £10,000 to upgrade their consultation areas to a higher specification than required in the contract. The area must be large enough for a patient to lie down, and have facilities for hand washing and waste disposal.

The project will go live in September. The pharmacists will measure blood pressure, carry out various blood tests and advise on

smoking, diet, exercise and alcohol consumption. The pharmacists will not manage medication but will refer to GPs where necessary.

Roger Kirkbride, pharmacy consultant to the project, explained: "We are expecting pharmacists to provide supportive self-care, using the test results to engage with patients and help them look after themselves. It will be more about monitoring than medicines management, and clinical interventions will centre around concordance."

Some of the pharmacists have already been attending diabetes and lipids clinics to learn about interacting with patients.

Greater Manchester Strategic Health Authority is funding the training and equipment on behalf of the Department of Health. Over 60 of the area's 212 pharmacies applied for the 20 places on the project. The standard was so high that the number was increased to 22, said Mr Kirkbride.

The pilot has the capacity to take up to 1,200 patients with type 2 diabetes and up to 1,600 with cardiovascular disease, who will be referred to a pharmacy by their GP.

The project will run for 18 months and, if successful, could lead to a sustained service across Greater Manchester.

Newsdesk:

01732 377688



INDUSTRY

Teva reclaims top spot

by Max Gosney

Teva Pharmaceuticals has reclaimed pole position as the world's biggest generics manufacturer after its £4.2 billion acquisition of US firm IVAX Corp.

The Israeli company has regained the top spot lost to Swiss drugs manufacturer Novartis following its purchase of Eon laboratories and Hexal earlier this year.

The deal provides Teva with access to IVAX's portfolio of US generics including generic versions of Zoloft, Pfizer's blockbuster antidepressant. IVAX also produces a range of respiratory products and recorded sales of around £1bn in 2004.

The acquisition will boost Teva's turnover to over £4bn, according to the company. The firm will operate in over 50 countries and employ around

25,000 staff. Teva president and chief executive officer Israel Makov said: "This is a truly exciting day for Teva. IVAX, like Teva, has been a pioneer in its strategies for globalisation and growth. Bringing our two companies together will vastly enhance our leadership position in the global generic industry."

The merger is likely to be completed by late 2005 or early 2006, according to Teva.

RETAILING

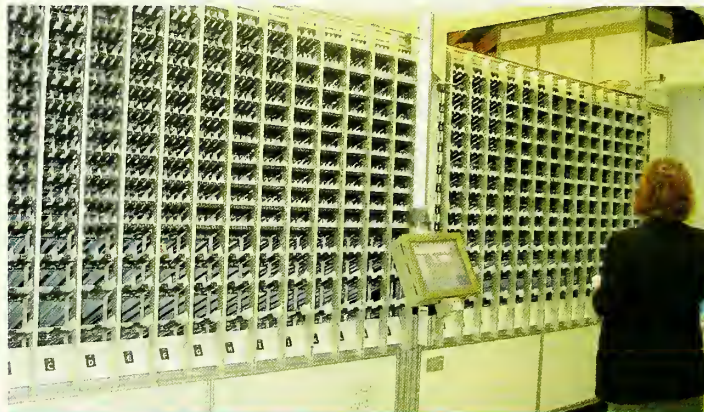
Co-op trials pharmacy robot in Castleford

The Co-operative Group has installed a robotic dispensing unit at its Castleford pharmacy with plans to extend the technology across its 290-strong portfolio.

RoboPharma, a 5m long installation, can store up to 25,000 medicines, and has dispensed around 85 per cent of prescriptions at the West Yorkshire pharmacy since being introduced four weeks ago, according to the Co-op.

It is the first automated dispensing system from Dutch producer RoboPharma to operate in the UK and a successful trial period could see the technology rolled out to other pharmacies, Derek Drury, Co-op Pharmacy IS process and renewal manager, said. "We're currently assessing how much money it's saved on dispensing times but are confident automated units could soon arrive in other Co-op sites with high dispensing volumes."

The technology costs between £70,000 and £355,000 and offers significant advantages in modern pharmacies, added Mr Drury. "It reduces dispensing times by 15 to 25 per cent, allowing the pharmacy to dedicate time and



The RoboPharma robot can store up to 25,000 medicines and reduces dispensing time by 15 to 25 per cent, it is claimed

resources to providing services, which is what the new contract is geared towards."

The Co-op also dismissed fears that robot technology could lead to redundancies. Richard Galassi, programme office analyst for the company, commented: "The technology aims to free up staff for non-dispensing duties rather than reduce head count. Unfortunately people tend to associate the word robot with Terminator." Despite initial reservations the staff at the Co-op

pharmacy at Castleford had quickly warmed to the new technology, said pharmacy manager Sharon Floyd.

However, the installation could mark a significant step in the rise of the robots, according to Tim Leleux, business development manager for RoboPharma UK.

"They are small, simple and can dispense three products every second. If you installed a robot this year, it could run until 2015 without ever taking a sick day," he said. **MG**

LEGAL

High Court hears oxygen case

Oxygen supplier DeVilbiss started its court proceedings against the Department of Health this week after being "extremely surprised" at failing to win a new regional oxygen supply contract.

DeVilbiss hopes to secure an injunction against the DoH preventing it awarding supply contracts. The company claims

the DoH failed to reveal the basis of award decisions before concluding contracts with other oxygen suppliers.

Contracts cannot be finalised with the successful oxygen supply companies, including Air Products and British Oxygen Company, until a legal decision is made. Although originally

intended to start on October 1, the Pharmaceutical Services Negotiating Committee said this week: "The earliest possible date for introducing the new service will now be February 1, 2006."

Despite receiving a reply from the DoH about its decision, DeVilbiss insists it did not receive enough information. **AG**

Inbrief

IT advice

UniChem has launched an IT solutions team to help pharmacists meet the challenges of NHS Connecting For Health. The team will offer help on subjects including ETP, online ordering, e-mail and website hosting and PMR systems.

Books on script

GPs will be able to prescribe self-help books as an alternative to medication under a scheme that has been rolled out across Wales. Doctors will recommend a book that meets the patient's needs. Patients will receive the book on an extended loan from a local library.

Fitness guidance

The Department of Health has published guidance for primary care trusts on fitness to practise procedures for pharmacists.

Applicable to England only, the advice covers the requirements for existing pharmacy contractors and applicants wishing to join a PCT pharmaceutical list, including directors or superintendent pharmacists of bodies corporate.

CHRE report

The challenges faced by self-regulating professions, including pharmacy, have been outlined by the Government's overarching health regulator in its annual report.

Recalling the Shipman inquiry, the Council for Healthcare Regulatory Excellence said fitness to practise will be top of its agenda next year.

Co-ops to combine

Two regional co-operatives with a combined turnover of over £500 million plan to merge. West Midlands Co-op and Oxford, Swindon & Gloucester Co-op will put the plans to members this month. If approved, the merger will create the fourth largest pharmacy co-operative in the UK.


Questiontime

This week's question:

Do you think pharmacy contracts should be awarded on the price of OTC medicines that would be sold there?

- Yes
- No

You have until noon on August 2 to vote at www.dotpharmacy.com. We will publish the results in C&D on August 6.



Increase comfort

Nothing beats Canesten Hydrocortisone for treating sweat rash (Candidal Intertrigo). In fact, it's the UK's top selling OTC antifungal and hydrocortisone combination treatment.¹ The triple action formula provides rapid relief not just for active people, but also the overweight and those who sweat heavily. Antifungal and antibacterial* ingredients wipe out the cause, while anti-inflammatory hydrocortisone soothes the symptoms. So recommend the name you trust, and stop the misery of sweat rash.



Anti-Fungal. Anti-Bacterial*. Anti-Inflammatory.

Product Information for Canesten® Hydrocortisone.

Canesten® Hydrocortisone cream contains 1% w/w clotrimazole and 1% w/w hydrocortisone.

Indications: Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly twice daily and rub in gently.

Contra-indications: Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days; hypersensitivity to ingredients. Only if prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area; to treat ringworm or secondarily infected skin conditions. For hydrocortisone component: any untreated bacterial skin diseases, chicken pox, vaccination reactions, perioral dermatitis, viral skin diseases

*exhibits activity against trichomonas, staphylococci and bacteroides

(e.g. herpes simplex, rosacea, shingles). **Warnings and Precautions:** Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. After use on large areas and/or after long-term use or use under occlusive dressings, skin atrophy telangiectasis, hypertrichosis, striations and acneiform symptoms may occur. Cost £4.79. MA Holder: Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Product Licence Number:** PL 0010/0216. **Legal Category:** P. **Date of Preparation:** August 2003.

Reference: 1. IRI Unit Sales MAT, 19 Mar 2004. Bayer UK.

Canesten® can

IT

IT suppliers call for clarity on when ETP will roll out

by Max Gosney

NHS Connecting for Health's target of installing ETP-compliant computer systems into 50 per cent of pharmacies by the end of 2005 is under threat unless the organisation offers a more open forum with operators, industry sources have warned.

Pharmacy IT suppliers are still unsure what the final criteria for ETP compliance will involve, commented Gary Feary, IT director at Lloydspharmacy.

"It would be extremely useful if both the Department of Health and Connecting for Health clarified exactly what criteria pharmacy need to meet.

"We're trying to understand what's happening on a month by month basis but are not getting any concrete answers," he has told *C&D*.

The NHS IT programme faces a tough task if it is to meet its deadlines, warned Martin Strange, chairman of the trade body for pharmacy IT suppliers, Intellect.



Gary Feary: waiting for answers

"The target was ETP live in 50 per cent of pharmacies by the end of the year but they'll have to go some to achieve it," he said.

A lack of information from Connecting for Health had led many operators to expect the worst, said Ian Shepherd, an IT advisor at Synapse Consulting. "There are so many ifs and buts surrounding ETP. News is scarce and what we've seen of ETP is little and slow. I think roll-out is at least 12 months behind schedule."

To date only two pharmacy IT

supplier systems, AAH Pharmaceuticals' LinkEvolution and Hadley Healthcare's eclipsePMR have received the go-ahead from Connecting for Health to go live in ETP implementer sites. However, both systems may have to be re-evaluated, as test site conditions may not comply with final criteria.

The first phase of ETP roll out is likely to be 'core' only, predicted Mahesh Shah, managing director at symbol group Nucare.

Mr Shah said: "ETP is likely to be core initially followed by full services later on. But my advice is for pharmacies to get involved as early as possible."

Over £58 million is allocated to pharmacists for the acquisition of IT systems in the first year of the new contract. The Pharmaceutical Services Negotiating Committee said that it was involved in ongoing discussions with Connecting for Health and expected final details on ETP compliance to be released shortly.

MULTIPLES

Pharmacy trade bolsters Boots

Boots's pharmacy sales outperformed other sectors to increase between 1 and 3.5 per cent in the first half of 2005, according to company figures.

Like-for-like sales were down 0.8 per cent, with lifestyle products declining by 2.5 per cent compared to last year, Boots revealed. However, health products had recorded a 1 per cent sales increase, with beauty and toiletries up 3.5 per cent. Dispensing volumes also increased 5 per cent, as Boots's policy of promoting its pharmacy service paid dividends with customers, according to the retailer.

A company spokesperson said: "We've focused on putting the chemists back into Boots The Chemist and it's showed in these results." But rising dispensing volumes were countered by the impact of the Pharmaceutical Price Regulation Scheme, according to Boots. Overall sales were "reasonable in a tough market", Boots chief executive Richard Baker said.

Sales at Boots Healthcare Division (BHI) increased by 6.8 per cent on a comparable basis. The retailer said that the sale of BHI was proceeding "in line with the plan" and will be completed within the financial year.

MG

INDUSTRY

Phoenix closing in on EAP acquisition

Wholesaler Phoenix is closing in on the completion of its East Anglian Pharmaceuticals (EAP) acquisition.

It was given the go-ahead by the Office of Fair Trading (OFT) to complete the acquisition last month, with competitors allocated 28 days to challenge the ruling.

With only hours left until the deadline for appeals, at 5pm on Wednesday this week, the Competition Appeal Tribunal (CAT) had received no challenges to the deal as *C&D* went to press.

Phoenix was further buoyed by confirmation that wholesaler UniChem would not be appealing against the OFT's decision to endorse the merger. UniChem, which successfully challenged the OFT when it first ruled the Phoenix-EAP deal could take place in April 2005, ruled out a second opposition.

Mark Stephenson, marketing director at UniChem, commented: "We believe that this acquisition raises serious competition concerns, particularly

in relation to the concentration of supply in the East Anglia region.

"UniChem has, however, decided not to seek a review of the OFT's decision. We will monitor with interest the future developments arising from this acquisition and will continue to provide the best possible service to our customers in the East Anglia region."

Wholesaler AAH, which also claims the Phoenix-EAP merger would prove anti-competitive, refused to comment on whether it would continue to oppose the acquisition.

Phoenix chief executive David Cole stressed that he would be keeping "fingers crossed" until the deadline for appeals passed. "We will not know until the expiry of the CAT's deadline whether we can go ahead with EAP. Phoenix has always been confident that the acquisition was valid but it's been a frustrating process."

Mr Cole detailed Phoenix's plans for the integration of its new



David Cole: keeping his fingers crossed until the appeals deadline passes

asset should the deal be completed. He said: "If we get the green light we will complete purchase next Tuesday (August 1). Initially EAP will run as a wholly owned subsidiary of Phoenix with the same management in place. It's a flourishing business so I don't need to march in there and make huge changes."

MG

PRACTICE

Flexibility needed, says charity

The NHS needs to be more flexible in allowing patients to be more involved in managing their conditions, a charity has said.

Patients' health would benefit and hospital admissions would reduce if the NHS did more to help people manage long-term conditions such as asthma and diabetes, said the King's Fund in a report published this Tuesday. It calls for better patient information, more flexible services that fit around patients' lives, and more skilled professionals, to ensure patients understand their condition and how to manage it.

The report outlines concerns patients have about how care and support is provided out of hours, continuity of care and when to contact health professionals.

As they grow,

so does our range of trusted pain and fever relief

The first 12 years of life are a busy time for growing and discovering, and pain and fever can appear in the most unwelcome situations. As a children's medicine specialist, the makers of Calpol have a range of formats and actives to cover the everyday to the unpredictable. Reassure parents by recommending the range they trust, for first and second line pain and fever relief.

From 2 months: First line paracetamol Calpol Infant Suspension

The first children's paracetamol licensed for general pain and fever from 2 months.

- Original and Sugar Free varieties, both with a great strawberry taste to help ease dosing
- 5ml sachets ideal for mums and dads on-the-go
- **NEW!** Calpol Infant Suspension is now available in a 100ml bottle (GSL) and will soon be available in a 200ml bottle (P)
- A 140ml bottle is currently available in Pharmacy



From 6 months: Second line ibuprofen Calprofen

Calprofen is a children's ibuprofen from the makers of Calpol, designed to provide effective pain and fever relief.

- Same great strawberry taste as Calpol
- Available in 100ml bottles and 5ml sachets
- Sugar and Colour Free



Contains ibuprofen

From 6 years: First line paracetamol Calpol SixPlus

Fuss-free paracetamol formulations ideal for under-12s and families out and about.

- Calpol SixPlus: Strawberry-flavoured, for kids who still prefer a syrup
- Sugar and Colour Free alternative
- Handy 5ml sachets available
- SixPlus FastMelts: Melt-in-the-mouth tablets that don't require water: ideal for kids transitioning from liquid to tablets
- **NEW!** SixPlus FastMelts will soon be available GSL in packs of 12



Contains paracetamol



Children's medicine specialist

Calpol Infant and SixPlus Suspensions Product Information: Presentation: Calpol Infant Suspension contains 120mg Paracetamol per 5ml. Calpol SixPlus Suspension contains 250mg per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Dosage:** Calpol Infant Suspension: Children 1 to under 6 years: 5-10ml. Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. Children 3 months to under 1 year: 2.5-5ml. Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. Infants 2-3 months: Past-vaccination fever of 2 months: 2.5ml and a second dose, if necessary, after 4-6 hours. Treatment of mild to moderate pain and as an antipyretic (Infants over 4kg, not born before 37 weeks): 2.5ml and a second dose, if necessary, 4-6 hours later. SixPlus Suspension: Children 6-12 years: 5-10ml; over 12 years: 10-20ml; under 6 years not recommended. **Contraindications:** Hypersensitivity to paracetamol. **Precautions:** Caution in severe hepatic or renal dysfunction. Interactions with dampedidine, metoclopramide, colestyramine, anticoagulants, barbiturates, tricyclic antidepressants, alcohol, anticonvulsants and oral steroid contraceptives. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Rarely skin rash, other allergic reactions and blood dyscrasias. Hepatic necrosis and papillary necrosis have been reported following prolonged use. **RRP (ex-VAT):** Infant Suspension 70ml bottle £1.66, 140ml bottle £2.97, 12 x 5ml sachets £2.34. SixPlus Suspension 100ml bottle £2.80, 10 x 5ml sachets £2.60. **Legal category:** Infant Suspension 140ml bottle: P; 100ml bottle: GSL; Sachets: GSL; SixPlus Suspension bottle: P; Sachets: GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL numbers:** Infant Suspension (P): 15513/0004, (GSL): 15513/0122, Infant Sugar Free Suspension (P): 15513/0006, Infant Sugar Free Suspension (GSL): 15513/0123, SixPlus Suspension: 15513/0002, SixPlus Sugar Free Suspension: 15513/0003. **Date of preparation:** June 2005.

Calpol SixPlus FastMelts Product Information: Presentation: Oradispersible tablet containing 250 mg Paracetamol. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Dosage:** Tablets should be placed in the mouth to melt on tongue. Repeat dose

every 4 to 6 hours if necessary, up to 4 doses in 24 hours. Children 6-12 years: 1-2 tablets; Over 12 years: 2-4 tablets. Under 6 years: Not recommended. **Contraindications:** Hypersensitivity to ingredients. Phenylketonuria. **Precautions:** Caution in severe hepatic or renal dysfunction. Interactions with dampedidine, metoclopramide, colestyramine, anticoagulants, barbiturates, tricyclic antidepressants, alcohol, anticonvulsants and oral steroid contraceptives. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Rarely skin rash, other allergic reactions and blood dyscrasias. Hepatic necrosis and papillary necrosis have been reported following prolonged use. **RRP (ex-VAT):** 12s £1.69; 24s £2.89. **Legal category:** P. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0082. **Date of preparation:** December 2004.

Calprofen Product Information: Presentation: Suspension containing 100mg Ibuprofen per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Dosage:** Infants 6-12 months: 2.5ml three times a day; Children 1-2 years: 2.5ml three to four times a day; Children 3-7 years: 5ml three to four times a day; Children 8-12 years: 10ml three to four times a day. Not recommended for children weighing less than 7kg. **Contraindications:** Hypersensitivity. History of peptic ulceration. Individuals in whom ibuprofen, aspirin or other non-steroidal anti-inflammatory drugs induce asthma, rhinitis or urticaria. **Precautions:** Hepatic or renal dysfunction, heart failure. Individuals with coagulation defects or receiving anticoagulant therapy. Caution in bronchial asthma or allergic disease. Care should be taken with antihypertensives including diuretics, cardiac glycosides, lithium, methotrexate, cyclosporine, mifepristone, other analgesics, corticosteroids, anticoagulants, quinolone antibiotics. **Pregnancy and lactation:** Not recommended. **Side effects:** GI disturbances, occasionally gastric ulceration and bleeding, hypersensitivity reactions and oedema. Other reactions that haven't necessarily been related to ibuprofen include renal and liver problems, neurological and sensory disturbance, haematological disorders and photosensitivity. **RRP (ex-VAT):** £2.97. **Legal category:** P. **PL holder:** Pinewood Laboratories Limited, Ballymacarby, Clonmel, Co. Tipperary, Ireland. **PL number:** 04917/0044. **Date of revision:** April 2005.



Consumer Healthcare
www.calpol.co.uk

PRACTICE

Chlamydia screening to be national in two years

by Adrienne de Mont

The Government aims to accelerate the roll out of the National Chlamydia Screening Programme so that it will cover the whole of England by March 2007.

This is much sooner than originally expected, according to *New Developments in Sexual Health and HIV/AIDS policy*, the Government's response to the health committee's third report of 2004-05. The earlier roll out has been made possible by an £80 million investment from the £300m allocated to sexual health in the *Choosing Health* White Paper.

The Department of Health has been tendering for chlamydia screening services and it is



Caroline Flint: extra cash for sexual health clinics

understood that proposals for a service through pharmacies have been submitted, although those tendering have been sworn to secrecy. Results are expected soon.

Last week, public health minister Caroline Flint announced £15m (in addition to the £300m in the white paper) for

sexual health clinics, allowing them to improve their buildings and expand their services over the next year.

Of the £300m spend announced last year in the white paper, £40m will be used to address gaps in the provision of contraceptive services, backed by a comprehensive national audit to identify where the service most needs modernisation. A new media campaign, spending £50m over three years, aims to raise awareness of the risks of unprotected sex.

Apart from the media campaign, most of the funding will go directly to PCTs for allocation of resources according to local needs.

For more information:

www.dh.gov.uk

PRACTICE

Pharmacist views on skin services sought

Pharmacists are being asked to identify gaps in UK dermatology services before the publication of Government plans to revamp primary care health services.

The All-Party Parliamentary Group on Skin (APPGS) is seeking health professionals' views on where the diagnosis, treatment and management of skin disease is taking place and how services may be improved.

Christine Clark, pharmacist and APPGS inquiry committee member, said: "It would be useful to hear whether pharmacists feel able to diagnose skin diseases. The majority of minor skin complaints go through community pharmacy and don't reach formal dermatology services."

For more information:

Jessica David, APPGS secretariat
Tel: 020 7591 4833

MULTIPLES

Numark assists Midlands pharmacy revamp

Customers at a Midlands pharmacy can gain access to coronary heart health checks and smoking cessation services as part of a £180,000 revamp.

The Cowern and Hartshorne Chemist in Great Wyrley, near Walsall, which is a member of symbol group Numark, re-opened last Monday after an extensive refit.

Carol Heydon, managing director at the pharmacy, which runs four branches across the Midlands, said: "The pharmacy

has undergone a total transformation and now includes two consultation areas and even a play area for children.

"We can now offer patients in the area access to some services previously only available through their GP."

Numark provided free design assistance to Ms Heydon, according to the organisation. The new-look pharmacy offers blood pressure testing, disability aids and complementary medicines advice.



Pictured from the left are: pharmacy director Penny McLennan, managing director Carol Heydon, director Stephen Hartshorne, Numark chief executive David Wood and Cannock Chase PCT chief executive Jean-Pierre Parsons

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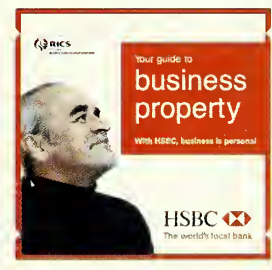
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CHEMIST & DRUGGIST

RPSGB

Costs of devolution 'need not be prohibitive'

by Adrienne de Mont

The cost of setting up national boards for the Royal Pharmaceutical Society in England, Scotland and Wales need not be prohibitive.

The Society has given this reassurance after pharmacy organisations warned about burdening pharmacists with the extra expense of devolution.

Rob Darracott, RPSGB director of corporate and strategic development, explained this week that there would be some costs to providing an effective structure. "Welsh and Scottish Boards would probably need some additional dedicated staff resource in Cardiff and Edinburgh to deliver a changed remit, but structurally they would replace the existing Executives, with little or no additional cost."

In its response to the Society's devolution consultation, the

National Pharmacy Association said: "It is essential that every effort should be made to keep the increase in costs to the minimum." Although costs would be partly offset by the new boards replacing existing bodies, the NPA predicted there would be increased expense from enhanced activity in the boards and branches.

The Guild of Healthcare Pharmacists said increased costs could be avoided "with effective management and appropriate reorganisation of the existing support structure".

The Pharmaceutical Services Negotiating Committee thought the Society should ensure real devolution to the national boards, accompanied by removal of functions performed at Lambeth. There should be no need for the national boards to address regulation, which should be consistent across all three home

countries, or contract negotiation, which is the remit of other bodies.

But in general the organisations agreed it was right for pharmacists living and working in England to make decisions for England, and likewise those in Wales and Scotland making decisions for their own countries.

The Pharmaceutical Society of Northern Ireland will remain as it is, with both a professional and regulatory role, although the NPA suggested that devolution offered a good opportunity for closer links between the province, the Society and the new national boards.

PSNI acting secretary Terry Hannawin said: "We already work very closely with the RPSGB on matters of common interest such as registration. We are also watching closely the Society's modernisation process as we will be adopting a similar process here."

PRACTICE

Violence reporting plan gathers support

A national scheme for violence reporting will be implemented after research found pharmacists needed to be made more aware of the help available to them.

A violence reporting pilot took place in four PCTs during April and May. The month-long study, involving Hillingdon, Central Liverpool, South & East Dorset and North Kirklees PCTs, included a case of armed robbery and one of physical violence.

Dr Cynthia Ludford, primary care manager of the NHS Security Management Service, who co-ordinated the pilot, said many people working in primary care were unaware of the resources available to them. "It is extremely difficult to get information out to primary care because they are independent and often disparate but we hope people will visit our website for guidance on violent incidents," she said.

Michael Carter, a locum pharmacist who took part in the pilot, said Hillingdon PCT warned local pharmacists after he reported a violent incident. "If the data helps monitor incidents and provide training then it will be very worthwhile," he said.

Dr Ludford added that she planned to raise the profile of the NHS's Counter Fraud and Security Management Services, which offers advice on how to deal with non-physical assaults such as referrals to violent patient schemes and a legal protection unit to help people take out civil actions against offenders.

AG

For more information:

www.cfsms.nhs.uk



Barry Shooter, owner of the four-strong Barry Shooter Pharmacy chain in and around Hainault, Essex, took his four pharmacists to the Netherlands for their annual awayday recently. The main focus of the trip was a visit to Apotheek Alkemade, a village pharmacy located about 15 minutes from Amsterdam's Schiphol airport. Owned by Elvire Kuyck, president of the Alliance UniChem Pharmacists' Forum, the pharmacy dispenses around 10,000 items per month, has low OTC sales, and employs two assistant pharmacists and 12 dispensing technicians. Pictured from the left are: Jayanti Dattani, Brian Conn, Elvire Kuyck, Barry Shooter, Dipak Doshi and Gary Boorman



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¹ Seppo L, Kerojoki O, Suomalainen T, Korpela R. The effect of a Lactobacillus helveticus LBK-16 H fermented milk on hypertension - a pilot study on humans. *Milchwissenschaft* 2002;57:124-7. ² Tuomilehto J, Lindstrom J, Hyryryen J, Korpela R, Karhunen ML, Nikola L, Jauhiainen T, Seppo L, Nilsson A. Effect of ingesting sour milk fermented using Lactobacillus helveticus bacteria producing peptides on blood pressure in subjects with mild hypertension. *J. Human Hypertension* 2004; 18, 795-802. ³ Seppo L, Jauhiainen T, Korpela R. A fermented milk high in bioactive peptides has a blood pressure-lowering effect in hypertensive subjects. *J Clin.Nutr.* 2003;77:326-30. ⁴ Jauhiainen, abstract 8th Int. Forum for the Evaluation of Cardiovascular Care, Monte Carlo, January 23 (2004). ⁵ Unilever human studies. To be published. ⁶ FitzGerald RJ, Meisel H. Milk protein-derived peptide inhibitors of angiotensin-I-converting enzyme. *Br J Nutr* 2000 Nov;84 Suppl 1:S33-7.



Our question to pharmacists this week was:

Will ETP be beneficial for community pharmacies in the long term?

"Yes, it will speed everything up and make it more convenient for customers"

Shugufta Bashir, Yarm

"Yes, it'll make life a lot easier"

Steven Hall, Helston

"I haven't had any personal experience of ETP. But I think it's the way pharmacy is going"

Sharon Floyd,

Castleford

Our online poll at www.dotpharmacy.com said...



Comment

from the Editor

Cloud cuckoo land. That's where the Department of Health appears to be with its latest consultation, which is so badly argued that you wonder whether it was rushed out in an end of term desk-clearing frenzy.

The idea of changing primary legislation – to allow PCTs to determine pharmacy contract applications on “the extent to which the application would bring improvements to the provision and accessibility of over the counter medicines and services” – is a woolly, unworkable proposal that should never have been contemplated by the state. By “accessible” presumably it means cheaper, as there are plenty of places where patients can buy medicines in outlets with ever-extending opening hours.

It seems the Government is not satisfied that the demise of resale price maintenance brought about the competition in prices that the OFT so desired, so it's having a go by bringing in a new raft of measures. But if the DoH and the OFT do not think that there is enough competition on price out there, why

does the MHRA still have to warn retailers about price promotions on medicines?

The buying power of the supermarket giants means that in any contract bid, they will be able to win on the price war by promising cheaper medicines. But will the supermarkets keep the full range of medicines in all the variants and pack sizes that the high street pharmacies do?

Yes, the public should contribute more to their own healthcare costs and not just rely on the NHS. But if the Government thinks the answer lies in telling pharmacy contractors what to stock and at what price, it really has lost touch with how the real world works. It's a worrying sign when the Department of Health thinks it should influence an already very free market economy.

“It is woolly, unworkable and should never have been contemplated”

Your views

E-mail your views to [chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

It's time to stop this nonsense and look to IT, says Ian Brownlee

Conquering the paper mountain

At last we have heard a call for sanity in the management of the changes now afflicting community pharmacy.

Xrayser (C&D, July 16, p15) went to great lengths setting out the long list of new obligations imposed on pharmacists, and the resulting paper mountain that they needlessly generate. This is clearly affecting pharmacists' ability to deliver high quality services to patients and, if it worsens, it is in danger of overwhelming services altogether.

No one can object to change as long as it is well thought through, adequately financed, fully market tested and well managed. The avalanche of pharmacists' work

shows the system is failing.

Much of the responsibility must lie at the door of senior DoH management, with the executive of the RPSGB a close second. Resources are being squandered on short term, ill co-ordinated paper-based systems which cry out to be replaced by IT-based solutions. They exist, but delays in implementing NHS IT programmes against a background of the autonomous activities of the PCTs, are keeping them infuriatingly out of reach.

The optimism and goodwill with which pharmacists have traditionally welcomed change is being undermined and as patient services deteriorate, the costs to

the health service increase.

Xrayser's warning must therefore be heeded by NHS managers and professional leaders alike. The message to them is simple: nurture change and progress and pharmacists will support you, but you must recognise that the impossible workloads you are imposing go against everyone's interests, not least the patient. So please can we see some planning, management and perhaps even some money, before pharmacists simply vote with their feet and join the call to stop, think again and get it right next time around.

Ian Brownlee is managing director of Mamsleys.

Xrayser
TOPICAL REFLECTIONS**To err is human, to trust is unlikely**

Error reporting is another way to improve pharmacy procedures and patient safety, but as last week's article reveals (*C&D*, July 23, p14), there are still a number of barriers to overcome to get the most from the system. One such hurdle is the need for pharmacists to trust the organisations around them, and trust is in short supply at the moment.

Perhaps we are a naturally cynical bunch who are used to working independently but I can't think of one organisation that most pharmacists trust implicitly. The Royal Pharmaceutical Society's trust rating has gone way down recently, with the intended introduction of mandatory CPD and changes to the Register. PSNC is supposed to be working for the good of us all, but pharmacists are suspicious that nationwide schemes are not always in their own best interests. And many of us believe the PPA has only ever existed to con pharmacists out of what is rightfully theirs.

So convincing pharmacists that they should trust their PCT and the National Patient Safety Agency with admissions of errors that could get them prosecuted will not be easy. It takes a degree of enlightenment to see the difference between one's immediate self interest and the greater good. So when told they have to record something I expect some pharmacists will be making up incidents to

report and keeping real problems to themselves. For slightly different reasons I also expect a significant amount of reported CPD and clinical governance to be based on wishful thinking rather than actual events.

It seems that the main causes of dispensing errors have already been identified and they are due to pharmacists having to compensate for inadequacies elsewhere in the system. There are a few straightforward measures that would immediately reduce dispensing errors without persecuting pharmacists but would involve additional effort from some of the organisations around us that we are supposed to trust. I suggest:

1. Packaging must be readily identifiable and significantly different for individual products and strengths.
2. New drug names must not be granted that are similar to existing products.
3. Universal original pack dispensing must be practical.
4. All prescriptions must be clearly written.

Why should we be expected to work under thousands of watts of lighting, organise our dispensary shelves in a mind boggling, error preventing order and then spend time cataloguing all 'our' errors? It's no wonder we're suspicious.

Beam us up Scotty

Because of pharmacists' traditional humility and shyness it gives me great pleasure whenever I see one of our number mentioned in the national media, however obscure the context. But what more exciting context could there be than in connection with one of the best science fiction programmes ever made?

James Doohan, the actor who played the most famous engineer in a generation, the *Star Ship Enterprise's* Scotty, sadly died last week. Mentioned among tributes to Mr Doohan was the fact that his father was a Canadian pharmacist. I wonder if it was the pharmacy background that provided inspiration for the most carefully tended of intergalactic power sources, the dilithium crystals. I can imagine many of those classic *Star Trek* lines being uttered in a pharmacy in Canada: "It'll happen again if we don't fix it" or even, "the automation system is overloaded".

Well, bowl me over

After a bit of a lull, the MHRA seems to be back on its POM to P medicine switching programme. There has been a hat trick of proposals in the past month, all good stuff.

But continuing the cricketing analogy, I hope that pharmacy is not too overwhelmed by this sudden onslaught; getting the pace right will be as important for the MHRA as it is pharmacy, as in reality we are all on the same team. We want to be able to spot any googlies and get as many big hits as possible, rather than having to retire to the pavilion injured by a fast bowler. As for the Ashes ...

**BlackBAG****Fat tax?
Fat chance**

Britain, along with Poland, has the fastest growing rate of childhood obesity. That's what the tabloids call a 'Fat fact'.

Three quarters of UK men are overweight. That's a hazardous waist. The European Union of GPs overwhelmingly voted against a 'fat tax' at their recent London meeting and politicians are not overly keen either, if the majority of the population are fat, that's a lot of votes to potentially lose. Instead they want a voluntary code of practice to limit the amount of clearly labelled food fat. If the tobacco industry is anything to go by, putting health warnings on high fat food is not a guarantee for wiser choice.

"Smoking can kill, harm unborn babies and stun a skunk at a thousand paces" stamped on cigarette packets did little to stem the epidemic of smoking in young women. Pleading to the Italian scooter rider's commonsense to wear a crash helmet did nothing until a hefty €50 on the spot fine helped change their minds. GPs are going to be seeing an awful lot more diabetes, hypertension and

**“If the majority
of the population
are fat, that's a
lot of votes”**

cardiovascular disease over the next decade as the lumpy lipids kick in. Yet a pilot survey by Medical Futures showed that while across Europe GPs were unwilling to use drugs in treating obesity, the majority were dead keen on a fat tax.

At their annual conference in Manchester the BMA also pointed out the epidemic of childhood obesity and one brave soul told an open mouthed audience that he had lost half his body weight. "I had a circumcision two weeks ago," he said, coming from a city Mae West nearly immortalised with the words "Are you pleased to see me or are you just from Liverpool?"

Dr Ian Banks is a GP practising in Northern Ireland

Be prepared

Recent events in London have prompted people to think about how they can play their part in countering acts of terrorism. Prof Danny Burke describes how pharmacy responded in a post 9/11 America

Following the 2001 attacks of 9/11, the American public, private and public organisations have seemed much more aware and concerned than their UK counterparts about terrorist attacks using chemical or biological weapons (CBW).

Numerous official and private US websites describe precautions for the ordinary citizen to take, including a wide range of prescription medicines as "antidotes" to CBW agents. Pharmacists in the USA already feature significantly in education and strategic planning for coping with chemical or biological terrorism.

Examples include the development of a Pharmacy Emergency Response Team in New York, involvement of a school of pharmacy with a Center for Disaster Preparedness, and courses, literature and websites helping pharmacists to prepare for an attack. As a mark of the importance of pharmacists in US government thinking, in 2003 the US acting assistant secretary for health addressed a conference of the American Pharmaceutical Association Academy of Students of Pharmacy on preparing for terrorism emergencies.

In the event of a chemical or biological terrorism attack in the UK, several roles can be envisaged for community pharmacists, mostly translated from the more extensive US experience.

- Community pharmacists could be an important public calming influence by providing accurate, scientifically based information and understanding about CBW

agents to a general population who might be approaching hysteria. After all, the community pharmacist is the most highly qualified scientist that the general public routinely encounters and the science of CBW involves mainly those areas that are intrinsic to pharmacy – chemistry (the structures and properties of chemical agents), microbiology (biological warfare agents), pharmaceuticals (their formulation, stability and absorption into the body) and pharmacology (their mechanisms of action and drug treatments).

- For the same reason, plus their experience in engaging with the public, community pharmacists would be valuable members of multi-professional emergency response teams.

- Vigilance is another role, as with biological warfare agents there would probably be a latent period before victims developed symptoms. The first sign of an attack might be large numbers of people suddenly seeking antibiotics or OTC remedies for the characteristic flu-like symptoms.

- Another role is persuading symptom-free people of the need to take any courses of prophylactic medication that they may have been prescribed.

- In the immediate aftermath of a massive chemical or biological terrorist attack, the normal medicines distribution networks may be disrupted, and hospital and other medical facilities overwhelmed by casualties. As a result, the prescription and provision of medicines may rely on small, local medical teams – including community pharmacists – operating independently for many days.

- Hospitals whose staff become overwhelmed



by large numbers of victims would need assistance from volunteers – and because of their knowledge and skills community pharmacists would be among the most valuable, especially if they also knew something about CBW.

- Emergency teams responding to a chemical or biological terrorist attack will need to rapidly gather and interpret a wide variety of medical, scientific and government information – again, something in which community pharmacists are already skilled.

Professor Danny Burke is emeritus professor of pharmaceutical metabolism at the University of Sunderland. The first of his two articles on chemical and biological terrorism appears this week on p18. References can be found on our website, www.dotpharmacy.com

Readerreply

ETP is a mainstream business issue, not just a matter for IT experts

We were surprised that Richard Granger's prediction that ETP would threaten 'bricks and mortar' pharmacies was only commented on by IT experts (*C&D*, July 23, p4).

If we reduce ETP to the status of "just" a technical issue, we are missing the point. ETP is a mainstream business issue, along with and closely linked to the new contract. It will totally change the pharmacy environment and it is no good pretending otherwise.

Richard Granger is noted for his aggressive approach. We don't agree with the way he made his case. But take away the invective

and hyperbole and a grain of truth remains.

We all know pharmacists have to introduce healthcare services to meet the requirements of the new contract and take advantage of the new revenue opportunities it offers. That means finding more time away from the dispensary, despite prescribing volumes that rose by more than 5.8 per cent in the year to June 2004, according to the Department of Health. ETP enables them to find this time.

For example, if a pharmacist handling 300 scripts each weekday reduces the time spent processing each script by 10 seconds using

ETP, he or she gains more than four hours per week. This time could be spent providing healthcare services, such as MURs or smoking cessation services.

Talk to pharmacists already using ETP and they'll say ETP is making everyone's lives easier – GPs', pharmacy staff and patients'. More importantly, it is saving the pharmacist time. Time that can be used to deliver healthcare services.

And if a pharmacy doesn't meet the new contract requirements and deliver services, it simply will not remain in business. Which was what Richard Granger was trying to say.

So IT experts categorically and immediately refuting Richard Granger's comments is ultimately irrelevant to pharmacists. Their concern is how to continue to run a successful business in the world of the new contract. We need to focus our efforts on helping them to do this, and not bury our heads in the sand when we hear unpalatable comments without first checking whether they have a grain of truth in them.

Steve Dunn, Geoff Mackay
AAH Pharmaceuticals

E-mail your views to
chemdrug@cmpinformation.com

STATUTORY COMMITTEE

Reprimand for cannabis pharmacist in the 'last chance saloon'

A Harrow pharmacist, who had drink driving and drug convictions, was reprimanded by the Royal Pharmaceutical Society last month.

Sejule Shah was fined £400 by Harrow Magistrates Court in May 2002 for driving with excess alcohol in his blood and possessing diazepam tablets, and last year was found in possession of cannabis.

Warning him that if he appeared before the Statutory Committee again he would be struck off, chairman, Lord Carmyllie, QC, said: "He should

recognise he is in the last chance saloon and if he appears before the Committee again we would have little option but to direct his name be erased from the Register."

He said the Committee hoped that Mr Shah left the hearing "thoroughly chastened" but that they did not believe he had fully understood the role of the Committee or the power it had.

Tom Rider, for the Society, told the Statutory Committee that the convictions brought the profession into disrepute and

damaged public confidence in it.

Mr Shah had said that he had had family problems – his two grandparents had passed away – and that he "deeply regretted" the incidents.

When he registered in October 2002, he was warned about the convictions being raised if anything further occurred.

Giving evidence, Mr Shah said arguments had been "really bad" between his parents and he had been "stuck in the middle". He said his two sisters had also suffered "emotional stress".

In relation to the cannabis

conviction, he told the committee: "Me and my friend bought some cannabis somebody offered us. I don't do it any more."

Nigel Callaghan, representing Mr Shah, said the crimes were "victimless" and there was "no actual or potential risk" to patients, although Mr Shah knew he had fallen "well short of what's accepted" in such a "learned profession".

Suggesting conditions be placed on his clients' practice, Mr Callaghan said: "He realises he's in the last chance saloon."

UKL

STATUTORY COMMITTEE

Leicester pharmacist reprimanded following drug disposal concerns

A Leicester pharmacist has been reprimanded for keeping improperly labelled medicines.

After several adjournments, the Royal Pharmaceutical Society's Statutory Committee imposed a reprimand on Shital Popat last month.

Committee chairman Lord Fraser of Carmyllie, QC, imposed the reprimand and said Mrs Popat had made significant improvements.

The Committee had been told of an "inadequate" system for disposal of patient returned medicines and improperly labelled medicines at Mrs Popat's Countesthorpe Chemists.

The Committee heard that despite visits from an RPSGB inspector, which uncovered the

problems, some still existed as recently as February this year.

Inspector Susan Melvin found medicines on shelves in a room next to the dispensing room that were not properly labelled.

Working conditions in this room were "unsatisfactory" in that many boxes were stacked on the floor, and there were three walls of bare brick and a fourth simply of a metal garage door.

There were several boxes of patient returned medicines, a large proportion of which were in dispensing trays previously dispensed by the pharmacy to nursing and residential homes.

Ian Stern, counsel for Mrs Popat, said there was no dispute about the facts but "the room has improved greatly".

UKL

STATUTORY COMMITTEE

No further action over Lasix sale

A locum pharmacist who was present when an undercover Royal Pharmaceutical Society inspector was supplied with tablets "for losing weight" has been found guilty of misconduct but no further action will be taken.

The RPSGB's Statutory Committee heard that Society inspector Akhtar Malik visited the pharmacy as a member of the public in July 2003 and was supplied by another man working in the shop with 28 Lasix tablets.

Locum pharmacist Jayantil Shah, of Harrow, was standing near to Mr Malik at the time when he explained to the other man he "wanted to lose half a stone in weight" and had various vitamins and supplements pointed out. Mr Malik then asked within Mr Shah's hearing whether he

could obtain frusemide tablets and was told they would cost £11.50.

Mr Shah was said to be standing around 2m away when the other man supplied Mr Malik with the tablets and told him they would not help him lose weight but could help him expel water. Mr Malik paid by credit card and Mr Shah was standing by the side of the other man when he processed the transaction.

Geoff Hudson, for the Society, told the hearing that the other man, Jagdish Patel, who appeared to have some "proprietary interest" in the pharmacy, had gone to Nairobi.

Mr Shah claimed that although he was present, he was on the telephone and was "not aware of what was being supplied and couldn't be responsible".

UKL

the power of
three



If the worst happens...

In the light of recent events in London, **Professor Danny Burke** describes in the first of two articles the chemical agents that could be used and their treatments

The Government's plans for dealing with chemical and biological attacks on the civilian population include pharmacists – not only hospital pharmacists but also community and primary care pharmacists as a crucial part of the NHS response, although without giving any details.¹

The NPA, however, has reminded the Department of Health of the value of the community pharmacy network in coping with a bioterrorism attack.² The release of chemical or biological warfare (CBW) agents among the civilian population by terrorists is viewed as a serious and imminent threat by governments in both Britain and the USA.^{3, 4} Nearly 70,000 tonnes of nerve gases and blistering agents (which is slightly over half the quantity that was used in World War I) are held by governments worldwide.⁵ The CBW agents most likely to be used by terrorists are: ⁶⁻⁸ category A biological agents (anthrax, smallpox, plague, tularaemia and viral haemorrhagic fevers); botulinum, staphylococcal and ricin biotoxins; nerve gases.

For example, in 1979 an accidental release of anthrax spores from a government biological warfare plant into the atmosphere over Sverdlovsk (Yekaterinburg) killed up to 105 people,⁹ and the World Health Organization has estimated that 50kg of anthrax aerosol released over a city could kill hundreds of thousands.⁷ In 1995 members of the Japanese cult, Aum Shinrikyo, released sarin into the Tokyo underground railway system, killing 12 and injuring over 5,000,¹⁰ and ampoules containing sarin were reportedly found on an al-Qaeda base in Afghanistan in 2001.¹¹

Nevertheless, some experts and military veterans consider that terrorists are unlikely to

be able to acquire, manufacture or release sufficient chemical or biological warfare agents to cause mass casualties.¹²⁻¹⁴

US and European pharmacists have been exhorted to learn about chemical and biological warfare agents and their treatment and to engage with local emergency response teams “before disaster strikes”.¹⁵⁻²³ This the first of two articles aiming to provide the briefest of introductions to CBW agents, focusing on their mechanisms and time courses of action, major symptoms of exposure to high concentrations, and recommended drug treatments, antitoxins and vaccines.^{5, 24-35} Many cases also need fresh air, general supportive care and sometimes pressurised oxygen or emergency surgery to aid respiration, while for some CBW agents this is the only type of treatment available. The second article will cover biological warfare agents.

Chemical warfare agents

There are six types of chemical warfare agent, divided into ‘lethal agents’ and non-lethal ‘harassing agents’. Lethal agents: blister agents (or vesicants), blood agents, choking agents, nerve agents. Harassing agents: incapacitants, riot control agents (tear gases and vomiting agents). Representative structures are shown in *Figure 1*.

Nerve agents

Nerve agents cause widespread overactivity of nerve transmission to muscles and secretory glands, by inhibiting acetylcholinesterase, which results in the accumulation of acetylcholine at nerve synapses and overstimulation of cholinergic receptors.

There are two types of nerve agents, G-agents and V-agents: GA (tabun), GB (sarin), GD (soman), GF, VX. They are toxic as either a vapour (G-agents) or an aerosol (VX) that is inhaled or absorbed through the skin or eyes, or as liquid that is absorbed or ingested in contaminated food or water. Vapour inhaled or liquid in the eyes can cause symptoms within seconds and kill in one to 10 minutes. Following skin absorption of vapour or liquid, death can happen almost immediately or be delayed for many hours.

Inhalation causes tightening of the chest, difficulty in breathing, streaming nose, dimming of vision due to pin-point pupils (miosis), dizziness, an intense, stabbing, frontal headache and faltering legs (which can “seem to weigh hundreds of pounds”).

Other symptoms depend on the route of exposure and include: profuse bronchial secretion and salivation (“foaming at the mouth”); wheezing lungs (“like running a marathon”); parched throat; hacking cough; sweating; widespread twitching or trembling; waves of heat; general muscle weakness; collapse; convulsions; slurred speech; general malaise and confusion.¹⁰ Death is usually due to respiratory arrest, by which point the body is totally paralysed.

Victims who recover report: periods of incoherent talking and laughing; hallucinations (“crawling ants, mice and an owl”); wild, convulsive rages (requiring “four men to hold me in bed”) alternating swiftly with periods of extreme weakness (“I couldn’t lift a sheet of paper”); and consciousness coming and going by the minute.³⁶

Treatment is atropine, immediately and repeatedly, to counter neuronal overstimulation, followed by repeated oxime drug, eg pralidoxime (2-PAM), to reactivate inhibited acetylcholinesterase. The military use intramuscular autoinjectors. Diazepam is recommended to prevent convulsions and calm the patient.

Nerve agents permanently bind and inhibit acetylcholinesterase. The active site of the enzyme, which normally does the job of inactivating acetylcholine, becomes phosphorylated by the nerve agent. Oxime drugs react with the enzyme-bound nerve agent, release it and thereby reactivate the enzyme (*Figure 2*). However, a phenomenon known as ‘ageing’ degrades the enzyme-bound nerve agent such that oximes can no longer reactivate acetylcholinesterase. Ageing normally takes hours, giving ample time for oxime to be administered, but with GD (soman) it happens in minutes. If exposure to soman is anticipated, then pyridostigmine protects against it if given beforehand. Pyridostigmine binds to a proportion of the body’s acetylcholinesterase, but reversibly and without significantly affecting overall nerve function. It then releases sufficient active enzyme to replace that which is irreversibly inhibited by soman.

Blister agents (vesicants)

Mustard (H, HS, HD, sulphur mustard, mustard gas or Yperite), Lewisite (L), phosgene oxime (CX), nitrogen mustard (HN3).

Mustard inflicts very painful, long-lasting burns, blisters, lung damage and temporary

Figure 1

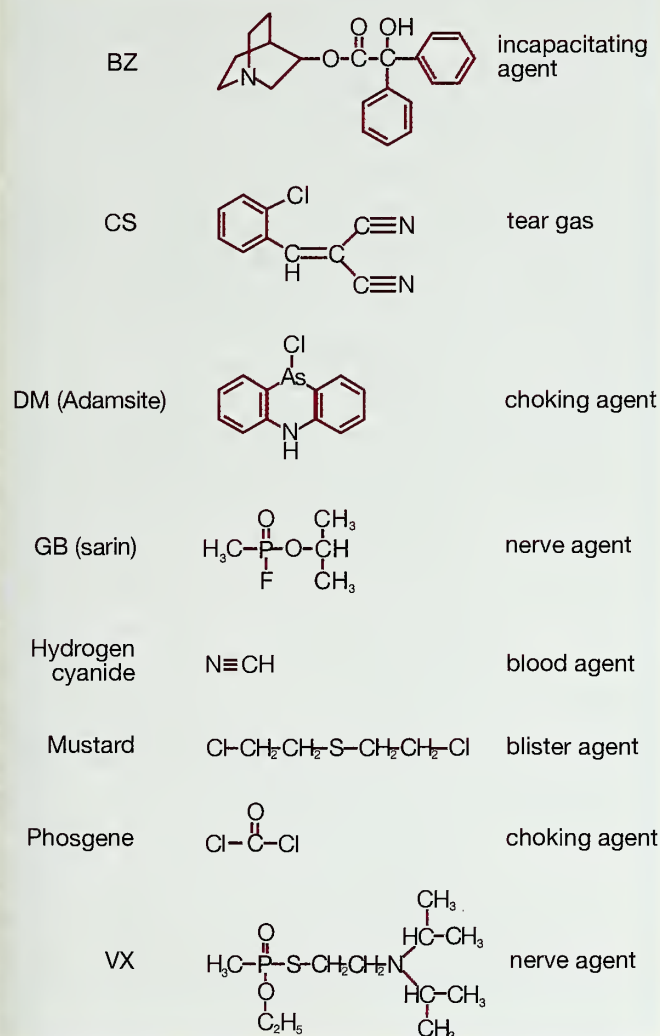
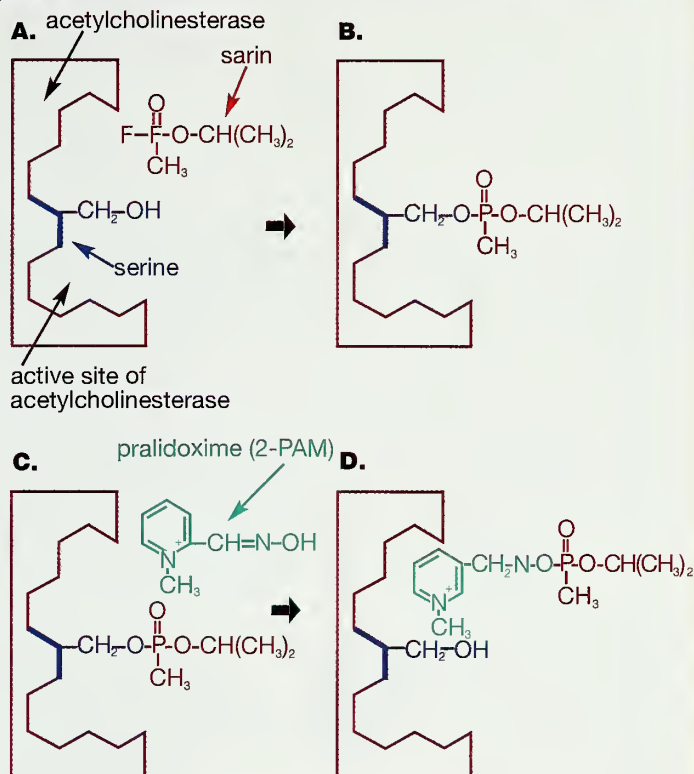


Figure 2



A. Sarin reacts with a serine residue in the active site of acetylcholinesterase, giving:

B. inactive phosphorylated enzyme incorporating sarin.

C. Pralidoxime reacts with the enzyme-bound sarin, resulting in:

D. release of the sarin as a combined pralidoxime-sarin molecule, regeneration of the serine and reactivation of the enzyme.

blindness but is rarely fatal. It causes large, painful yellow blisters and suppurating, necrotic wounds on the skin, intolerable pain and temporary blindness in the eyes, and intense throat pain, copious phlegm and pneumonia in the respiratory tract. Uncontrollable vomiting is common. The symptoms of mustard poisoning have a characteristic and problematic latency, ie they do not appear until up to 12 hours later. Death, while uncommon, is usually slow, agonising and due to bacterial infection of the

lungs or to suffocation resulting from pulmonary oedema or obstruction of the bronchi by necrotic tissue. Mustard can strip the entire mucous membrane from the windpipe.⁹

The mechanism of vesicant action involves the alkylation and cross-linking of proteins, RNA and DNA in cells. Through its arsenic atom, Lewisite also reacts with the thiol (-SH) groups of critical cell molecules.

Lewisite is both a typical, but fast acting, blister agent and also a systemic arsenical

poison characterised by diarrhoea, weakness and low blood pressure ('Lewisite shock').

CX causes intensely painful, corrosive-type lesions to the eyes, skin and upper respiratory tract and can be fatal.

Drug treatment for mustard is merely palliative – strong analgesics lessen the pain, calamine lotion relieves intense itching and antibiotics prevent secondary infections. Vaseline helps prevent sticking of the eyelids

Continued on page 20 ►

Triple action pain-relief

Legal status: P. Further information available from: e-mail customer.relations@GSK.com, web www.solpadeine.co.uk, phone 020 8047 2700, post GlaxoSmithKline Consumer Healthcare, 980 Great West Road, Brentford, TW8 9GS, U.K.



paracetamol, codeine,
caffeine

and steroids may reduce inflammation. Against Lewisite, however, there is an antidote - dimercaprol (BAL, British Anti-Lewisite) ointment, which should be applied to the skin before blisters break out. There is no antidote for CX.

Choking agents

Phosgene (CG, carbonic chloride or carbonyl chloride - it does not contain phosphorus), chlorine (CL), chloropicrin (PS), diphosgene (DP). All the choking agents can irritate and burn the skin and eyes, but they kill by causing pulmonary oedema. They react with intra-alveolar water in the lung alveoli to form hydrochloric acid, which destroys the alveolar-capillary membrane ("strips the lining from the lungs"), so causing the lungs to accumulate fluid and swell (pulmonary oedema), with the result that both breathing and oxygen absorption are impaired. Victims "drown in their own fluid". Phosgene gassing is characterised by an illusory latent period of 12 hours to two days.

The initial coughing, wheezing, chest discomfort and choking symptoms subside and victims think they have escaped, but pulmonary oedema (with short and difficult breathing and the coughing up of copious frothy yellow or pink sputum) and sudden death soon follow.

There is no antidote for choking agents. Diuretics may reduce fluid accumulation in the lungs and salbutamol aerosol may ease breathing by relaxing the bronchi.

Blood agents

Hydrogen cyanide (AC, prussic acid or hydrocyanic acid), cyanogen chloride (CK), arsine (SA).

The blood agents are most toxic by inhalation. Cyanide is rapidly fatal, causing tissue cell death by blocking cellular respiration as a result of inhibiting cytochrome oxidase in the mitochondria. Arsine haemolyses red blood cells, causing oxygen deprivation, anaemia and liver and kidney damage.

Antidotal treatment for cyanide involves intravenous sodium nitrite and amyl nitrite by inhalation. The nitrite converts haemoglobin in the red blood cells to methaemoglobin, which then binds cyanide from the plasma, thereby causing cyanide to dissociate from cytochrome oxidase in the mitochondria of the tissue cells. In addition, intravenous sodium thiosulphate is given, enhancing the ability of the enzyme, rhodanese, to convert cyanide to thiocyanate, which is non-toxic and readily excreted. Acidosis (eg in severe cyanide poisoning) can be countered with sodium bicarbonate. There is no antidote against arsine.

Incapacitants

Only one incapacitant was adopted by NATO: BZ (quinuclidinyl benzilate). BZ is an anticholinergic CNS depressant effective by inhalation or ingestion. It rapidly causes delirium (eg hallucinations, disorientation and erratic behaviour) that can last for three days.

The antidote to BZ is repetitive administration of a centrally-acting

cholinesterase inhibitor, eg physostigmine.

Riot control agents

Non-lethal riot control agents are divided into tear gases and vomiting agents. Tear gases: CS (orthochlorobenzylidene malononitrile), CN (dibenzoxazepine, Mace), CR (chloracetophenone), CA (bromobenzyl cyanide). CS causes an immediate intense burning feeling in the eyes, nose and mouth, streaming eyes and nose, coughing, choking and difficulty in breathing. In the UK, CS has superseded CN, CR is new and CA is too toxic to be used. There is no drug treatment. Vomiting agents: DA (diphenylchlorarsine), DC (diphenylcyanarsine), DM (diphenylaminearsine chloride, Adamsite). The vomiting agents are formulated for inhalation, causing a burning sensation in the nose and throat, violent uncontrollable sneezing, coughing, intense sinus pain, general misery and vomiting. Symptoms may be delayed for some minutes after exposure, reach a peak after 5-10 minutes and last up to two hours. First aid is the only recommended treatment. ☹

Professor Danny Burke is emeritus professor of pharmaceutical metabolism at the University of Sunderland and has published over 200 research articles on drug metabolism.

References are available on C&D's website: www.dotpharmacy.com

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A gut reaction



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1344), in association with multiple choice questions being published in *C&D* August 6, provides one hour's continuing education

In the first of two articles, *Derek Balon* considers which symptoms can be treated OTC

Abdominal pain may result from more than 280 possible underlying pathologies and thus represents a considerable diagnostic challenge to healthcare professionals.

Symptoms can range from harmless to extremely severe, life-threatening conditions. Relatively few cases presented to pharmacists need prompt professional medical advice, but sudden and very severe pain should be treated as a medical emergency.

Indigestion is a common complaint. Surveys in general practice have suggested a prevalence of 40 per cent, with up to a quarter of sufferers consulting their GP.^{1,2,3} It is estimated that about 4 per cent of general practice consultations are for indigestion, with 10 per cent of patients being referred to secondary care for further consultation or investigation.

This article considers only the presentation of pain and discomfort in the epigastric and oesophageal region. This type of pain may be referred to as "indigestion" or perhaps "heartburn" and represents a symptom, not a condition. It includes bloating, a feeling of fullness, nausea and anorexia.⁴

The term heartburn is usually reserved to define pain in the heart region (retrosternal). People with heartburn or acid regurgitation alone, and those in whom reflux symptoms are dominant (with epigastric pain or discomfort being minor), should be defined as having symptomatic

gastro-oesophageal reflux disease (GORD).

Pain in the areas described may be the result of many conditions that must be taken into account when making a diagnosis (working hypothesis) and deciding whether the pharmacist can treat or needs to refer the patient.

Some conditions that may result in a patient presenting with indigestion are shown in *Table 1*.

While numerous organic conditions can result in pain described by patients as "indigestion," it is important to recognise that the pain may be caused by psychological and emotional stress. This is the result of adrenal stimulation affecting the digestive tract. Stressful situations include examinations, family arguments, workplace problems and social upheaval (see *Pharmacy Update, C&D, May 7, p20*).

Patients present with three types of epigastric/lower oesophageal pain: cramping, an ache or a burning sensation. The region of the pain, its duration, and provoking and relieving factors are the major areas of concern that must be explored to reach a satisfactory diagnosis.

Pharmacy management of indigestion

Dyspepsia has many possible causes, the main ones being peptic ulcer disease, gastro-oesophageal reflux disease, and functional

Objectives

- To understand the causes of indigestion symptoms
- To know which types of indigestion may be treated by pharmacists and when to refer
- To distinguish between different types of indigestion
- To be aware of the drugs and foods that may precipitate indigestion



Curries and spicy foods are well-known triggers for indigestion

Table 1: Some conditions likely to be presented as 'indigestion' or 'heartburn'

Direct condition

- Cancer (pancreatic, stomach, liver) – pain referred from cardiac region
- Cholangitis (bile duct inflammation) – pain referred from epigastric region
- Cholecystitis (and gallstones) – pain referred from lung region
- Drugs (alcohol, hangover)
- Food and food poisoning
- Gastritis, gastroenteritis (viral or bacterial)
- Hepatic disease
- Hiatus hernia
- Hunger
- Infestations (amoebiasis, giardiasis, strongyloidiasis)
- Oesophageal conditions
- Overeating
- Pancreatic disorder
- Peptic ulcer
- Pleurisy
- Pneumonia
- Trapped gas
- Women's conditions, eg menstrual cramps, pregnancy

Continued on page 22 ►



(non-ulcer) dyspepsia. Functional dyspepsia, which represents about 70 per cent of dyspepsia cases, has no structural, organic or biochemical explanation.

The rest of this article discusses the three major types of indigestion/heartburn that may be treated by pharmacists but other factors may necessitate referral. Referral is also required if treatment fails.

Most dyspeptic patients have functional dyspepsia, which is a diagnosis of exclusion where no definite structural or biochemical explanation can be identified as responsible for the symptoms.⁵

Non-ulcer dyspepsia

(see also Table 2)

By definition, pain is always present in indigestion. The pain of indigestion of stomach origin (gastric irritation indigestion) is due to stimulation of the nerves. One mechanism responsible is a disturbance of the gastric mucosa allowing the normal acid content access to these nerve endings, possibly resulting in erosions. Distension (see later) is another mechanism. The erosions may be minor and heal in a short time, the condition being acute. But if the disturbance becomes more

permanent there may be chronic erosions and ulcers. This aspect will be considered in the second article, which will cover indigestion symptoms needing referral to a GP.

Gastric inflammation may be the result of dietary intake (spicy foods, coffee, tea), alcohol abuse and smoking. The pH of the stomach is not always decreased when the patient suffers from pain so the term 'hyperacidity' is not always relevant. Furthermore, there is no organic sign of mucosal disturbance so this is an example of functional dyspepsia.

The pain of non-ulcer dyspepsia (stomach inflammation) is usually constant and not spasmodic or 'colicky'. It may be described as burning or gnawing but not bloating. Nausea and vomiting are rarely present; diarrhoea is similarly absent. The region affected is epigastric. If it is retrosternal or oesophageal, it is most likely a result of gastric reflux.

Causation often provides a clear indication that the pain is the result of gastric inflammation, especially in acute cases. The major factors to be considered relate to recent food and drug intake. Excess food and alcohol



Peppers produce oleoesins that cause irritation

may be responsible. Spicy foods, peppers, curries and similar produce contain oleoesins that cause irritation. Food that is 'off' is more likely to result in lower bowel problems and diarrhoea.

Examination of drug data sheets and the *British National Formulary* show that almost all drugs can cause gastrointestinal symptoms, particularly indigestion. Aspirin, NSAIDs, corticosteroids and erythromycin are major offenders (see Table 3). Care should be taken to obtain the patient's recent drug history.

Chronic indigestion could well be the result of ulceration and, although healing may progress with time, it is more usual to actively treat the condition with drug therapy. While pharmacists may offer treatment it is advisable to refer such patients to their doctor (see part two in this series).

Acute gastric inflammation indigestion is usually of rapid onset and short duration – not more than a few hours and a day at most. It frequently resolves spontaneously. However the pain can be severe, causing patients to 'double up'. Clearly, if this is the case, pharmacists must exercise caution as it could represent a serious condition such as a perforated intestine or severe gastroenteritis, and require referral.

In acute inflammatory indigestion there are few if any changes in the site, type or even intensity of pain experienced by the patient, and the

condition is usually self-limiting.

Gastro-oesophageal reflux

(see also Table 5)

The stomach lining is acid resistant while that of the oesophagus is not. Hence if the acidic content of the stomach is forced into the oesophagus (gastro-oesophageal reflux), nerves situated in the oesophageal epithelium are stimulated and pain results.

For gastro-oesophageal reflux to occur the pressure in the oesophagus must be lower than that in the stomach. Reflux can also occur if the lower oesophageal sphincter becomes incompetent. This incompetence can result from drugs and other substances that reduce muscle tone.

Physical displacement of the oesophageal/stomach junction will reduce the sphincter's efficacy. Pregnancy may temporarily displace the stomach while permanent displacement may result if the patient has a hiatus hernia (which may be the result of past pregnancy). Obesity increases the likelihood of suffering from reflux and there is some evidence of a genetic link.^{6,7}

Another factor to consider is gravity. This helps

Table 2: Diagnostic features of non-ulcer indigestion

Inflamed stomach	Present
Symptom complex	Constant, gnawing pain, no colic or spasms; nausea and vomiting rare, as is diarrhoea and heartburn
Region	Epigastric, not retrosternal
Universal factors (especially provoking)	Usually food/drug induced, eg spicy food, oleoesins, tomato juice, alcohol; may be emotional stress related, but not provoked by physical stress
Time/intensity	Acute, may be severe
Natural history	Often spontaneously resolves
Current medication	See Table 3

Table 3: Drugs that may induce 'inflammatory' indigestion

- antibiotics, eg tetracycline, doxycycline, clindamycin, erythromycin
- aspirin
- bisphosphonates
- cardiovascular drugs, eg digoxin, quinidine
- iron supplements
- non-steroidal anti-inflammatory drugs
- oral contraceptives
- potassium supplements
- steroids
- theophylline
- vitamin C

Gastric inflammation may be the result of too much tea or coffee

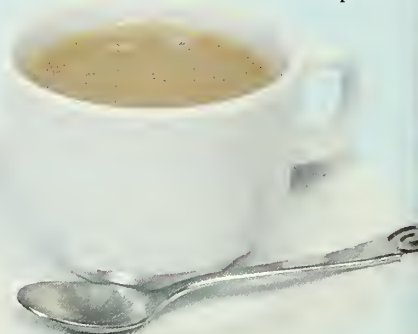


Table 4: Drugs/foods having adverse effects on the lower oesophageal sphincter^a

Drugs	Foods
antimuscarinics, for example, tricyclic antidepressants	chocolate
beta agonists	fatty foods
calcium channel blockers	peppermint
fatty foods	
nicotine (smoking)	
nitrates	
opiates	
sex hormones, for example, oestrogen, progesterone	
xanthines (in coffee)	

Table 5: Diagnostic features of gastro-oesophageal reflux

Inflamed stomach	Present
Symptom complex	Continuous pain described as burning or gnawing, accompanied by reflux (water brash); no wind, spasmodic stomach pains or diarrhoea
Region	Retrosternal
Universal factors	Drugs/food (see Table 4); hiatus hernia; pregnant or parous; overeating or overweight; smoking; not related to physical stress
Time/intensity	Can be intense but usually of short duration (hours)
Natural history	May be episodic but not lasting more than a few hours
Current medication	See Table 4

retain food in the stomach when standing or sitting, but not when lying down. So patients who suffer from reflux should be encouraged to sleep with their chest higher than their stomach (aided by raising the head of the bed or other means).

The pain from gastro-oesophageal reflux is often described as a burning sensation. It is located retrosternally and sometimes the refluxed materials can reach the mouth. This is known as "water brash". The pain is usually acute and self-limiting, lasting fewer than three hours. If it lasts for a longer period or is

chronic, another condition may be responsible (such as oesophageal erosions or oesophagitis).

Provoking factors include drugs or foods that decrease the tone of the lower oesophageal sphincter (see Table 4). Another significant factor is overeating: food being squeezed by peristalsis within the confined volume of the stomach (limited by upper and lower sphincters) may pass an incompetent lower oesophageal sphincter with ease. Similarly, the sphincter of a patient who has hiatus hernia, is pregnant (later stages) or has had children may be incompetent and allow reflux.

Gastrointestinal gas

Gas is produced in the gastrointestinal tract by bacterial action on the contents. Normally patients are not aware of the excretion of this gas, which occurs up to 14 times a day.⁹ Sometimes the volume becomes excessive or it is not expelled, giving rise to stomach pain. Foods containing complex carbohydrates (sugars, starches) result in excessive gas production. These include the pulses (beans), broccoli, cabbage, Brussels sprouts and cauliflower.¹⁰ Carbonated drinks, chewing gum (especially sugar-free), taking sodium bicarbonate as an antacid, cholecystitis and lactase deficiency are implicated too.¹¹ Air is also ingested directly through the mouth, perhaps as a result of habit, ill-fitting dentures or nasal obstruction.

The symptoms of intestinal gas include stomach pain, flatulence, increased frequency of eructation (belching), audible bowel sounds and flatus. The condition is usually short-lived and minor, and diagnosis is not complicated.

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Derek Balon, FRPharmS, is a proprietor pharmacist and visiting lecturer at King's College London.

Actionplan

1. In your practice workbook record the next 25 cases of 'indigestion' you are asked to treat. Include your diagnosis and treatment. How many did you treat/refer?
2. Analyse the treatment you provided for each cause. Were you consistent?
3. Think carefully about the treatment you recommended. Can you justify it? If so, can you provide your medicines counter assistants with guidelines based on these results?
4. In your practice workbook list specific products to treat specific symptoms of indigestion, such as spasmodic pain, wind, gastric reflux, temporary inflammation of the stomach, and food/alcohol abuse. List the simplified mode of action against each product. Make sure your medicines counter assistants know these facts.
5. Now look through your indigestion products section. Do you stock appropriate products?

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 6 issue, which will cover this week's CPP-accredited module, together with those in the July 9 and 23 issues. These will cover:

● **Kidney dialysis and transplant (1342)** ● **Iron (1343)** ● **Indigestion part 1 (1344).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

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GENUS PHARMACEUTICALS

Low dose contraceptives raise risk of cardiac events...

Low dose oral contraceptives significantly increase the risk of both cardiac and vascular arterial events, say researchers.

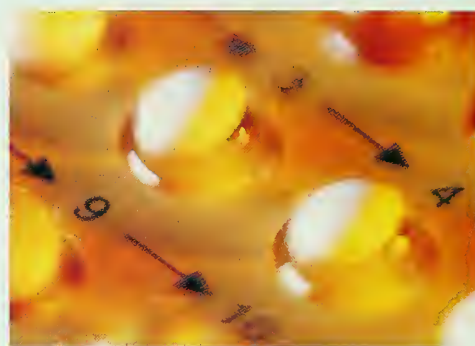
A meta-analysis of 14 studies found that women who took OCs containing second generation progestogens (eg levonorgestrel) were nearly twice as likely to suffer a myocardial infarction and over two and a half times as likely to experience ischaemic stroke events. Women

taking third generation contraceptives (eg containing desogestrel or gestodene) had a significantly increased risk of ischaemic stroke only. The risk appeared to disappear upon discontinuation of the medication.

Study author and Virginia University professor John Nestler stressed that the absolute risk of a cardiovascular event remained low, but said: "Our findings do

raise the issue of whether oral contraceptives are optimal therapy for certain groups of women who are at baseline risk or who are taking the Pill for a long time, such as women with PCOS."

For more information:
J Clin Endocrinol Metab 2005; 90: 3863-3870



Safety of asthma drugs questioned

The *Lancet* has called for more awareness of the risks and benefits of long-acting beta-agonist bronchodilators, following a US Food and Drug Administration meeting.

The FDA's pulmonary and allergy drugs advisory committee decided that three asthma products – Serevent (salmeterol xinafoate), Advair (salmeterol plus fluticasone propionate) and Foradil (formoterol fumarate) – should remain on the US market. However, the *Lancet* said: "Uneasiness over the safety of these drugs is probably justified,

especially given the large numbers of patients who take them."

Highlighting a study launched by GSK in 1996, the journal has voiced concerns over a 2002 analysis that found patients on salmeterol to be more at risk of serious adverse events and death than those on placebo, particularly among African-Americans. The *Lancet* concludes: "Doctors must ensure they are prescribing them properly and only for those who need them."

For more information:
Lancet 2005; 366: 266

DoH refers cancer drugs to NICE

The Department of Health has referred two cancer drugs to the National Institute of Health and Clinical Excellence earlier than anticipated.

The products are Herceptin (trastuzumab) for the treatment of early stage breast cancer and Velcade (bortezomib) for the treatment of multiple myeloma.

Secretary of state for health Patricia Hewitt said the early referral had been made so NICE could start developing advice for the NHS on the clinical and cost effectiveness of the two drugs. If trial results continued to prove encouraging, this work would speed the process by which an extended licence application could be granted, she added.

NICE chief executive Andrew Dillon welcomed the DoH's action, commenting: "We understand the importance of



Andrew Dillon: welcomed the DoH's earlier than expected action on Herceptin and Velcade

ensuring that the NHS has access to timely advice about effective treatments, particularly for cancer where time is always of the essence to patients and families."

For more information:
www.dh.gov.uk

... but help dysmenorrhoea

A randomised, placebo-controlled trial has shown low dose oral contraceptives to be an effective treatment for dysmenorrhoea.

Seventy six women aged 19 years and younger reporting moderate or severe period pains were allocated to receive an OC

(containing ethinylloestradiol 20mcg or levonorgestrel 100mcg) or placebo for three months.

By cycle three, patients in the OC group reported fewer days of any pain, fewer days of severe pain, and fewer hours of pain on the worst pain day than placebo users.

For more information:
Obs Gyn 2005; 106: 97-104

Scriptlines

Seractil tabs

Genus has launched Seractil tablets, the first UK product to solely contain dexibuprofen.

Available in 300mg and 400mg film-coated tablets, Seractil is indicated for the symptomatic treatment of osteoarthritis pain and inflammation, primary dysmenorrhoea and other forms of mild to moderate pain, such as dental or musculoskeletal pain. Dexibuprofen is considered to be the pharmacologically active enantiomer of racemic ibuprofen.

Recommended dosing is 600-900mg per day, divided in up to three single doses. The maximum single dose is 400mg. The SPC states that the toxicological profile and risk of undesirable side effects of dexibuprofen are comparable to racemic ibuprofen.

However, the molecule's safety and efficacy in children and adolescents under 18 years has not been established and Seractil is not recommended in these age groups.

Prices and pip codes: Seractil 300mg tablets 60s £9.47 111-8959, 400mg 60s £9.47 111-8967

Genus Pharmaceuticals
Tel: 01635 568400

Comfiffoam

Shiloh Healthcare has launched Comfiffoam, a range of polyurethane foam film dressings that will be listed in the *Drug Tariff* from August.

Suitable for moderate to heavily exuding wounds, dressings both with and without adhesive borders are available. The adhesive range comes in 7.5cmx7.5cm, 10cmx10cm, 12.5cmx12.5cm and 17.5cmx17.5cm sizes, whereas non-adhesive dressings are available in 5cmx5cm, 10cmx10cm, 20cmx20cm and 10cmx20cm sizes. All dressings come in packs of 10.

See Price List

Shiloh Healthcare Ltd
Tel: 0161 624 5641

Rhotard SR

Sovereign Medical has announced a long-term supply problem with Rhotard Morphine SR tablets (morphine sulphate). All strengths (10mg, 30mg, 60mg and 100mg) are affected and the company says stocks will be unavailable "for the foreseeable future".

For more information:
Sovereign Medical
Tel: 01268 535200

Enliven gets a jazzy new look

DCS Europe's Enliven range has been relaunched to widen its appeal and to bring the En-Visage and En-Essence under the Enliven umbrella.

Enliven Amino Pro-Vitamin is a haircare range enriched with creatine, an amino acid derivative. Enliven Active Care is a range of men's grooming products which includes shampoo and conditioner, aftershave balm, shower gel, deodorant and hair styling products.

Enliven Natural Fruit Extract is a collection of haircare, skincare and shower gels containing real fruit extract blends such as raspberry and red apple, coconut and vanilla, kiwi and fig and lemon and mandarin.

All three ranges will include many products which retail for just £0.99. The relaunch is being supported by in-store display material.

For more information:

DCS Europe Plc

Tel: 01789 208000

Heinz makes home cooking easier for mums

Heinz is introducing ready prepared baby meal ingredients in a jar.

Called Heinz Mum's Ingredients, the jars will contain a choice of six simple ingredients: chicken, turkey, beef, cod with potatoes, mixed vegetables and bolognese sauce. The idea is that this will allow mums to add their own vegetables, rice, pasta or potatoes to the basic ingredients, but make the basic meal-making task more convenient.

"Heinz Mum's Ingredients introduces mums to a brand new way of using baby food," explained Claire McCabe, brand manager at Heinz. "We know that preparing



home-made baby food is not an easy task, so we have developed the core of the meal – which is often the most difficult part for mums to prepare themselves – so they can cook at home more easily."

All Heinz baby foods now include the 'Heinz Promise' which guarantees the high quality of the food.

Price: 2 x 80g jars £1.19

HJ Heinz Co Ltd

Tel: 020 8573 7757

Canesten Duo

The correct trade contact for Canesten Duo is Ceuta Healthcare, tel: 01202 780558, and not as stated in C&D, July 16, p26.

Instant hand sanitiser

Assept Gel is a new antibacterial instant hand sanitiser, said to kill 99.9 per cent of common germs in under 15 seconds. A blend of natural oils from plants, trees and fruits of the Amazon rainforest, it contains aloe vera to moisturise skin. No soap, water or towel is

needed so it can be used anytime, anywhere, says the company.

It's available in display boxes of 12 x 59ml bottles.

Price: £1.49

Richard Henry Consulting Ltd

Tel: 0161 798 0671

www.richard-henry.com

ALLERGY ADVICE Rapid response allergy relief  **Active in 15 minutes**

HAYFEVER MONITOR

For free pollen alerts text **POLLEN** to 85080* or log on to www.allergyadvice.co.uk

WEEK STARTING 30 July

KEY FACTS

- Newcastle has this week's highest pollen count
- Next weed grass and weed pollen will be affecting the UK



POLLEN COUNT

- HIGH
- MED
- LOW



Information updated weekly by SDI

*Initial message is charged at your normal network rate. To unsubscribe from subsequent free alerts text 'stop' to 85080

*GSL status. Further information is available from Pfizer Consumer Healthcare, Walton Oaks, KT20 7NS

Germoloids extends TV run

The campaign to support Germoloids HC Spray is being stepped up, with an extended television campaign running until September 11.

The advertisement highlights the no-touch, cooling effect of Germoloids HC Spray for relief of haemorrhoid pain. In addition to the TV campaign, Germoloids is being backed by press advertising in pregnancy magazines for the rest of the year.

For more information:

Jenks Sales Brokers

Tel: 01844 293600

Rimmel plumps up the volume

Rimmel's new Full Volume Liquid Lipcolour promises up to 40 per cent plumper glossy lips.

The secret is in a new sensory-stimulating molecule, which activates on application, creating fuller lips.

A special complex then boosts microcirculation, which is said to promote collagen synthesis, and a prolipid ingredient helps lips retain more moisture. It comes in a choice of nine glossy shades.

Price: £4.99

Coty UK Ltd

Tel: 020 8971 1300

Natural anti-ageing advice for women

Anti-ageing the natural way is the subject of a new factsheet by the Natural Menopause Advice Service website.

Written by Dame Dr Shirley Bond, medical advisor to NMAS, the factsheet gives advice on how women going through the menopause can stay younger longer.

"How you age and how fast is, to a greater extent, under your control," says Dr Bond. The factsheet explains the ageing process and gives advice on vitamins and supplements which have anti-ageing benefits.

For more information:

www.nmas.org.uk



Prominent display for Tuff 'n' Tumble

V&A Marketing is introducing its Tuff 'n' Tumble range which has been revamped. Not only has the range changed but the packaging has an even stronger shelf presence.

The range includes 21 high quality products which includes bottles, teats, soothers, bibs and tableware at competitive prices.

The characters, Tuff 'n Tumble,

were designed with children in mind and research has shown a preference for these over other accessory brands. V&A will shortly be introducing a floor display stand and new counter displays for the Anywayup cup and beaker as well as for the Always Learning range of products.

For more information:

V&A Marketing

Tel: 029 2057 5600

Zesty fragrances from Citrus Magic

Citrus Magic has introduced new variants to its range of natural soaps and air fresheners.

The liquid hand soaps are now available in lemon, lime, orange, lemon-ice and pink grapefruit fragrances. The new air fresheners come in tropical blend, orange, lemon, lime, lemon-lime, grapefruit and mandarin fragrances. All are scented with natural fragrance oils.

For more information:

Citrus Magic

Tel: 0208 256 0000

www.citrusmagic.co.uk

Sudocrem gets a modern new look

The top-selling nappy rash treatment Sudocrem has been relaunched in contemporary new packaging.

The packs now have streamlined caps which align with the base, and tamper-proof seals. The tub is a softer grey and the cap is easier to open. The rsp, formulation and pack sizes all remain the same.

Price: 60g tub £1.79, 125g tub £2.69, 250g tub £4.59, 400g tub £6.49, 30g tube £1.69.

Forest Laboratories

Tel: 01322 550550

Family Doctor book examines childhood disorders

Understanding ADHD, Autism, Dyslexia and Dyspraxia is the title of the latest book in the Family Doctor series. The book describes the four most common developmental disorders of childhood, covering diagnosis, incidence and treatment for each

one. All topics have been covered in a single book because recent evidence has shown that children often have two or more of these disorders rather than a single one.

Price: £3.50

Family Doctor Publications

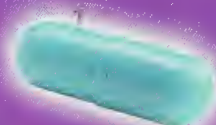
Tel: 01202 668330

GREAT VALUE THRUSH TREATMENT, NO MESSING



Care Fluconazole is a single dose oral capsule which should begin to clear up thrush within two days*. At an RRP of £6.99 for one treatment, Care Fluconazole offers significant value for money to your customers, as well as a healthy profit on return for you.

For further information please call our friendly sales team on 01484 848200 or contact your local sales representative.



* Source: Care Fluconazole Patient Information Leaflet



Quality medicines at sensible prices

Flora drink aims to control blood pressure

A new mini-drink that helps to control blood pressure has been launched by Flora.

Called Flora pro.activ, the yogurt-based drink is enriched with dairy peptides which are claimed to reduce above-normal blood pressure.

The active ingredient in the new drink is AmealPeptide, made from milk casein. The milk casein is broken down into smaller peptides using a natural enzyme preparation. The mixture of peptides is added to the product and contains active dairy peptides called isoleucine-proline-proline (IPP) and valine-proline-proline (VPP).

Studies have shown reductions

of up to 7mmHg for systolic and 4mmHg for diastolic blood pressure 10-14 with use of dairy drinks including IPP and VPP. It is thought that the dairy peptides work by mildly inhibiting the action of angiotensin-converting enzyme.

The mini-drink is intended for people who follow a healthy diet and lifestyle to control their blood pressure, not as a replacement for those who need medication. Some 34 per cent of men and 30 per cent of women in the UK have high blood pressure.

Price: £2.49 for four

Unilever
Tel: 0800 3898 193

Locate your kids by phone

A way of tracking your children's whereabouts by the location of their mobile phone has been launched into the retail sector.

KidsOK works by the parent sending a text message to 'ping' their child's mobile. Within 60 seconds, KidsOK should identify the position of the child's mobile to within 500m within built up areas, and send a text description and map of the location back to the parent's phone.

The packs, available for retail at £39.95, include the first year's subscription, three handsets enabled, and the first 10 'pings'. Once purchased, parents need to register their number and their children's either by phone or online to establish a KidsOK account. Additional hand sets are available at £4.95, and further 'pings' are purchased in bundles of 20 for £9.95 from KidsOK.

Boots is among the retailers stocking the pack.

For more information:

Tel: 070 9204 4879
www.kidsok.net



Dymotil's high summer campaign

Anti-diarrhoeal remedy Dymotil Tablets are being supported by a high-profile campaign to raise brand awareness during the peak holiday season.

A £250,000 marketing campaign as well as new point of sale material will support the brand, which moved from POM to P status last year.

"This is a key selling period for this product as the majority of the 65 million holidays Britons are expected to take this year will be taken around this time," said Paul Kerry, business unit head at Goldshield Pharmaceuticals.

Price: £4.95 for 20

Goldshield Healthcare
Tel: 020 8649 8500

Put the shine back into long hair

Longer hair can often be dull and lack-lustre, so L'Oreal has developed a range of haircare products to put back the shine.

Elvive Nutri-Gloss shampoo and conditioners contain a pearl protein formula, which makes hair shiny and soft, but without weighing it down.

Nutri-Gloss shampoo will smooth micro-splits in the hair cuticle and give hair a mirror shine. Nutri-Gloss conditioner will quickly

detangle hair, smoothing the surface and making it shine without weighing it down.

Nutri-Gloss masque is an intensive repair treatment to restore health and shine which can be used weekly.

Price: 250ml shampoo and conditioner, £2.49; 400ml shampoo and conditioners £3.59; 200ml masque £3.99

L'Oreal Group UK
Tel: 0161 655 1400

High quality fragrance for Sure

Reknowned perfumer Ann Gottlieb has created a fresh new fragrance for Sure antiperspirant deodorant.

The creator of famous scents such as CkOne, J'Adore and Obsession has developed Sure Aloe Vera, available in aerosol and roll-on formats.

The fragrance captures the natural essence of aloe vera

leaves. Sure Aloe Vera is alcohol-free and pH balanced, and contains the Sure Activeresponse formulation, which is activated when needed.

Price: 150ml aerosol £2.09, 250ml aerosol £2.89, 50ml roll-on £1.59

Unilever UK Home & Personal Care
Tel: 020 8439 6100

Sea air solution for asthma sufferers

Salt Pipe has been launched as a convenient way to make breathing easier for asthma sufferers and those who may have respiratory problems. A handy sized porcelain inhaler, Breathe Easy Salt Pipe contains salt crystals from the Transylvanian Praid salt mine. When inhaling from the pipe, the moisture of the passing air absorbs the fine salt particles, which then

penetrate the respiratory system. The sodium is said to induce the natural self-cleansing mechanism that flushes away impurities from the surface of the cells. The device is said to benefit asthma, hay fever and allergy sufferers as well as smokers and snorers.

Price: £49.95

UK Care Products
Tel: 0114 243 3322



Bisodol: Sat

Buscopan IBS Relief: GMTV, Sat

Canesten AF: C

Germoloids: C4, five, GMTV, Sat

TENA Lady: All areas except U, CTV, LWT, GMTV

TENA Pants Discreet: All areas except U, CTV, LWT, GMTV

Zovirax Cold Sore Cream: C4, five, Sat

PharmaSite for next week: Zovirax – Window, Mycota – in-store, Refresh eye drops – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Jörn Runge reports on European pharmacy activity: electronic patient cards in Austria, the Swedish monopoly, eBay in Germany, and Polish competition

Eurofile update

Sweden

Swedish pharmacy market faces EU

The Swedish pharmacy monopoly is under threat following a European Court of Justice ruling. Since 1970 all Swedish pharmacies have belonged to the Apoteket chain, a national pharmacy corporation, of which the state owns two thirds. But changes are likely for the 8,000 pharmacies, as the judgement in Luxembourg ruled that the monopoly breaks European law.

The trigger for the decision was a criminal procedure brought by the Swedish authorities against the former managing director, Krister Hanner, of the OTC drugs supplier Bringwell International AB. His company had started selling Nicorette products in its store in Stockholm, causing complaints from his Swedish competitors.

Before making its decision, the Swedish first court sent a set of questions to the European Court of Justice to make sure that the monopoly system in itself conformed with European law. As

the European Court found against Sweden, the country will now have to modify Swedish law. However, the health minister Ylva Johansson declared that the monopoly will continue while the market for non-prescription drugs is opened up.

Before the monopoly was set up, the Swedish state had argued that it wanted a comprehensive supply of medicines across the country, even in sparsely populated rural areas. These pharmacies have been supported through the profits made by pharmacies in towns.

Poland

Poland: hard times for pharmacists

Strong competition and little growth in the pharmaceutical market are two key reasons for the worrying situation for Poland's pharmacies. One in five is in debt or practically bankrupt, and only one out of 10 is profitable.

Although the annual turnover before tax of an average pharmacy grew 5 per cent in 2004 to €38,000, the situation did not improve as the inflation rate grew at the same rate. Furthermore, the average margins are 18.5 per cent and only a little higher than the running costs which are 14 per cent of the turnover.

In addition, the market is having to get used to the growth of the multiples; currently, a tenth of pharmacies belongs to a chain, but this number is growing as many independent businesses are struggling or give up. The Polish law says that any one business entity can have only a 1 per cent market share in any one administrative region. But as subsidiary companies are treated like independent businesses, investors can run more branches than permitted.

Andrzej Wrobel, head of the Polish Pharmaceutical Chamber, announced increased efforts to change laws and regulations. "It would be ideal, if there would be one pharmacy per owner," said Mr Wrobel, "but it would be very difficult to achieve."

Germany

Who will buy my medicines?

A year ago eBay began selling OTC products after the internet auction house started its new category, beauty & health, with the subcategory "medicine".

Since then, the Federal Ministry for Consumer Protection, Food and Agriculture authorised three consumer advice centres to check various online auction platforms. Alongside eBay the survey looked at *Portale Atrada.de*, *Azubo.de*, *Hood.de* and *dhd24.de*.

The consumer advice centres focused on non-prescription medicines and birth control pills which have to be prescribed. More than 1,000 products from 130 pharmacists could be found at market leader eBay. Although some people tried to sell their medicines in private auctions, eBay stopped the transactions immediately.

But not every online marketplace

seemed to be keen to find out if the person selling the medicines online was allowed to provide medical products or not. *Hood.de* had several private auctions in its system which were not monitored or stopped. The sale of birth control pills was found on almost every online auction platform. Although eBay had stopped 14 sales taking place, one customer was found to have bought a package in a private transaction before the internet auction house could even start its control system.

Another problem seems to be the condition of the sold products. Often the packages were already opened and several pills removed. One of the biggest concerns seems to be that there is often no advice about risks and side effects of the offered products. This cannot be the right way to obtain medicines, claimed the survey.

Austria

Austria rolls out its e-healthcard

Austria is in the midst of rolling out its electronic patient and social insurance cards.

Approximately 70,000 of these cards are being sent out every day to Austria's citizens, while 70 installation teams are employed delivering the necessary hardware to 100 doctors' practices throughout the country. By the end of November, all eight million e-cards should have been delivered and be in use.

The changeover means an end to patients having to obtain a paper healthcare voucher before they could see the doctor or dentist. Although the e-card will cost €10 per year the owner will save money as the certificate for every quarter cost €3.63.

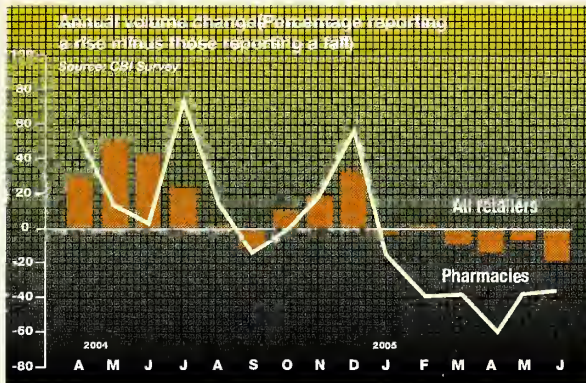
Nevertheless, the e-card bearer will have to wait at least two years before he or she can benefit from a full service. Patients will still need a paper prescription as Austria's 1,200 pharmacies will not be involved until 2007. The system for prescriptions has yet to be finalised, and the public consultation has not even closed yet.

A favoured solution seems to be a central medical database, in which the GP would send the prescription to the server while the pharmacist could get the necessary information via the patient's e-card. But as every third dispensed medicine is an OTC product, the Austrian Chamber of Pharmacies pointed out that there is no control regarding what the patient actually does with their medicines once dispensed.

Chill in the air for June

Retail sales

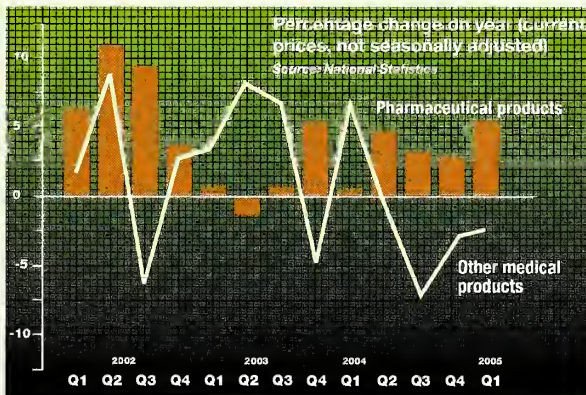
The downturn in the housing market has dented consumer confidence and spilled over into high street sales, which hit a record low in June. Pharmacy business declined slightly less sharply than in the year to May but no early recovery is in sight



Consumer confidence fell in June for the third month, due to worries about the economy, says researcher Martin Hamblin GfK. **Retail sales** plunged further in June with a net 19 per cent of retailers reporting lower sales than last year, according to survey evidence. The figure was the worst since the survey began 22 years ago and little change is expected for July. **Retail chemists' sales** also slowed sharply, with a net 37 per cent of businesses seeing annual volume declines. In May, 39 per cent of firms reported a year-on-year downturn. The British Retail Consortium says demand for **suncare, bodycare and hay fever** products picked up in the latter part of June. But medicine sales were sluggish and cosmetics and perfumery flat. Total retail sales volumes in the three months to May had grown at the **weakest annual rate** since March 1999, at 1.8 per cent. The value of sales by 'other stores', including pharmacies, fell by 3.7 per cent.

Consumer spending

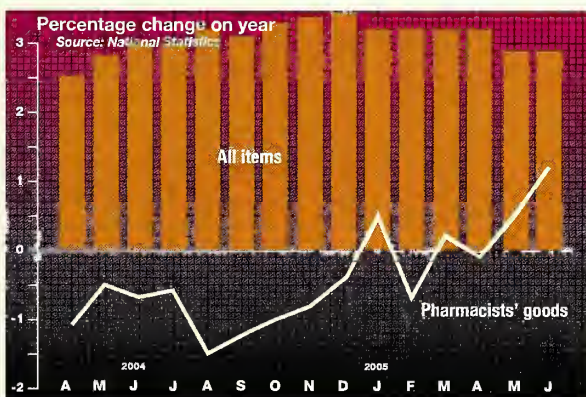
Demand for pharmaceutical products rose strongly in the first three months of 2005 compared with a year earlier although UK output was flat. Spending on other medical goods remained weak, as consumer spending growth slowed sharply



Consumers spent 5.5 per cent more on **pharmaceutical products** in the first quarter of 2005 compared to the same period in 2004, and seasonally adjusted volumes were up 4.5 per cent. Spending on **other medical products** fell by 2.4 per cent annually in the first quarter, and by 3.2 per cent in volume terms. **Total household spending** grew in value by 3.8 per cent (vs 2004) and by 2.6 per cent after allowing for inflation and seasonal variation. Growth came mainly from communications, clothing, recreation and culture. Suppliers' **advertising of cosmetics and toiletries** dropped by 10 per cent in the year to May, but pharmaceutical advertising rose by 2 per cent, says Nielsen Media Research. UK production of **pharmaceutical products** fell 0.2 per cent in the three months to May and by 0.3 per cent on a year earlier. Output of **perfumes and toiletries** slumped by 5.7 per cent in the latest three months and by 7.1 per cent compared with a year earlier.

Retail prices

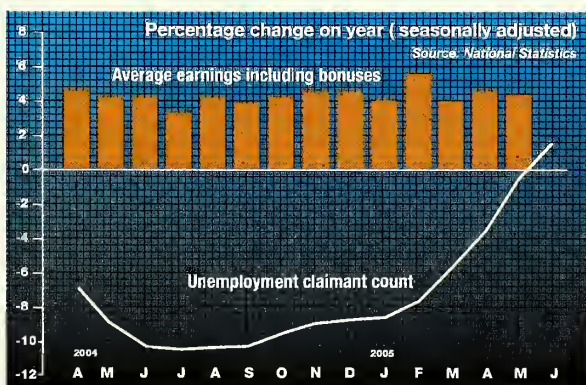
The high street price of retail pharmacies' goods continued to strengthen in the year to June, but the overall growth in retail prices was unchanged. Manufacturers' prices of pharmaceuticals and toilet preparations continued to fall



Shop prices measured by the British Retail Consortium were up 0.4 per cent overall in the year to June. Non-food prices fell 0.2 per cent but the cost of food rose 1.4 per cent. **Headline inflation** was unchanged at 2.9 per cent, while UK factory gate prices rose overall by 2.4 per cent in the year to June, from 2.7 per cent in May. The retail price index of **chemists' goods** fell by 0.3 per cent in June but jumped to an annual rate of 1.2 per cent, reflecting higher sunscreen prices than last year. UK makers' prices of **pharmaceutical preparations** fell 3.5 per cent annually in June, according to official estimates, from a drop of 3.7 per cent in May, and **perfumes and toiletries** fell 0.9 per cent. Lip and eye make-ups fell 7.1 per cent annually while dental hygiene preparations prices rose by 0.3 per cent. Shaving preparation and deodorants prices fell 0.1 per cent. Prices of **imported** pharmaceutical and medicinal products fell 0.5 per cent annually.

Earnings and unemployment

The economy has slowed sharply since early 2004 and this was reflected in weaker average earnings growth in the three months to May, while unemployment benefit claimants rose in June for the fifth successive month



Average earnings, including bonuses, were 4.1 per cent higher in the three months to May (vs 2004), down from 4.6 per cent in April. Earnings in the retail trade, excluding bonuses, rose 0.8 per cent between the two latest three-month periods, and by 2.5 per cent on a year ago. **Unemployment benefit** claimants rose by 8,800 in June, to 864,900. This followed four consecutive monthly increases and raised the unemployment rate to 2.8 per cent. The Recruitment & Employment Confederation say **demand for staff** increased in June at the slowest rate for 20 months, and skill shortages are less widespread. Further, national press recruitment advertising was 8 per cent lower in May than a year earlier. Revised official figures show **the economy** grew in 2003 and into 2004 more strongly than expected, but has slowed since spring 2004. Indicators from the Bank of Scotland **point to a slight fall in UK growth** in the second half of 2005 and into 2006.

Weaning is an area where many new parents need advice. Pharmacists are well placed to help, so make sure your knowledge on weaning and baby feeding is up to date, says **Sarah Purcell**

Weaning a special needs baby

Following new World Health Organization guidelines, the Department of Health recommends babies are fed only breast milk or formula milk for the first six months as this will provide all the nutrients a baby requires.

"The advice to delay weaning of all babies until six months will help those who may be susceptible to allergies," explains Anita Macdonald, head research dietician at

Birmingham Children's Hospital. Introducing solids too early (and certainly before four months) could damage a baby's immature digestive system. A baby's kidneys are not mature enough to cope with solid food waste products until at least four months. There's also an increased risk of babies developing food allergies or intolerances if they're weaned early, especially if there is a family history of allergies. It's known that the antibodies in breast milk strengthen a baby's immune system, helping to reduce their risk of allergies.

First tastes should include baby rice and pureed fruits and vegetables such as carrot, apple, pear and potato. Avoid giving babies citrus and berry fruits, beans, pulses and tomato at first.

Babies shouldn't be given anything that might contain gluten before six months (this includes foods containing wheat and oats) and cow's milk in foods like custard and yoghurts should also be delayed until six months.

Eggs should be avoided until 12 months, fish until eight months and peanuts and shellfish until five years. Honey shouldn't be given to babies under a year old, because

there's a tiny risk of it carrying a bacteria than causes infant botulism. "If you think your child may have an allergy or intolerance it's important that parents never exclude food groups from a baby's diet without consulting a dietician first," says Helen Gardiner, nutritionist at Hipp UK.

Babies with allergies

It is usually the proteins in egg white that babies are allergic to, though egg yolk can cause allergies too. There is no need to avoid chicken as well – most children with egg allergies can safely eat chicken. Common reactions to egg are hives and swelling up of the child's mouth.

Parents will have to scour food labels to find out if they contain egg as other names are often used, including albumen, lecithin E322, livetin, ovoglobulin, ovovitelin, globulin, ovalbumen, ovomucin, vitellin. Unless bakery foods have a label with ingredients, it's safer to assume they may contain egg.

Egg alternatives are available for cooking and parents can ask supermarkets to give them a list of 'free from egg' foods on their shelves.

Gluten and wheat

Gluten is a protein found in wheat, rye, barley and oats. A true gluten allergy is called coeliac disease, a lifelong condition thought to affect one in 100 people. If a coeliac sufferer eats food containing gluten it damages the lining of the small intestine. Babies allergic to gluten fail to thrive, have pale and foul smelling stools and are generally irritable and lethargic.

Some children are just intolerant to foods that contain wheat or wheat flour and this is something they may grow out of. Babies need starchy foods for energy, and instead of those that contain gluten, parents can give them rice, potato, maize and soya. Pharmacies can help by stocking a range of gluten-free bread, flour, pasta, biscuits and cakes.

Milk intolerance

Babies can be intolerant to lactose, which is caused by an inability to digest it because of low levels of the enzyme lactase. Common symptoms are diarrhoea, vomiting, bloating and discomfort. Sometimes babies can be temporarily affected by it after a bout of



Continued on page 32 ►

When a baby
reaches 3 months
there are lots of
new things she
can do

Gurgle, coo and
blow raspberries

open and close
her hands

and take
Nurofen for Children
when she has a fever



Fast, effective relief from pain and fever;
starts working to reduce fever in 15 minutes,¹ lasts for up to 8 hours.²

PRODUCT INFORMATION: NUROFEN FOR CHILDREN: Suspension of ibuprofen 100mg/5ml. **Indications:** reduction of fever, and relief of mild to moderate pain. **Dosage:** 20–30mg/kg bodyweight in divided doses (see pack for details). Not suitable for children under 3 months of age unless advised by a doctor. For oral administration. For short term use only. **Contraindications:** Hypersensitivity to constituents. History of, or existing peptic ulceration. History of asthma, rhinitis or urticaria associated with aspirin or other NSAIDs. **Precautions and Warnings:**

If symptoms persist for more than 3 days, consult a doctor. Do not exceed the stated dose. Caution in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult a doctor before use. Nurofen for Children is not suitable for patients with stomach ulcers or other stomach disorders. **Side Effects:** Hypersensitivity reactions including (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma,

bronchospasm or dyspnoea, or (c) assorted skin disorders including rashes of various types, pruritus, urticaria, purpura, angioedema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration, renal failure. Also very rarely thrombocytopenia. Bronchospasm may occur in patients with a history of aspirin sensitive asthma. **Product Licence Holder:** Crookes Healthcare Ltd, NG2 3AA.

Legal Category: P. MRRP: 100ml: £3.59, 150ml: £4.59. **Nurofen for Children:** PL 00327/0085. **Date of preparation:** June 2005.

References:

1. Sidler et al. A double-blind comparison of ibuprofen and paracetamol in juvenile pyrexia. *Br J Clin Pract* 1990; 44(suppl70):22–25.
2. Kelley MT et al. *Clin Pharmacol Ther* 1992; 52:181–189.

gastroenteritis and will be able to drink milk again, but it is often a permanent condition.

If your child is truly allergic to milk it is most likely to be caused by one or more of the proteins found in milk, such as casein. Soya formula is usually fine for lactose intolerant and milk allergic babies, but sheep's or goat's milk can't be given instead of cow's milk as their body will recognise the milk as being physically similar and react in the same way.

Parents need to look out for milk as an ingredient in the foods they buy and be aware that it may be given a different name. This might include casein, caseinates, non-fat milk, whey. And milk might also be found in breakfast cereals, soups, baby foods, pasta, puddings and cakes. It is especially important to give these babies alternative forms of calcium such as soya milk, chick peas, tofu, red kidney beans, curly kale, watercress, apricots, tahini.

Vegetarian babies

A vegetarian diet can provide babies with all the nutrients they need, provided it is properly planned. The initial first tastes of food will be the same as with other babies – baby rice, pureed fruit and vegetables – and it's from around seven months with the introduction of proteins that it differs. Instead of meat, vegetarian babies get their protein from dairy foods and red lentils, then mixed grains, pulses, larger lentils, ground nut and seed butters and soya products.

A common mistake is to give babies too much fibre. "If babies are given so much fibre they don't have room for other foods then they may not take in enough calories, which could result in failure to thrive," says Ms Gardiner. Babies need a high calorie diet,

A common mistake is to give babies too much fibre

rich in protein, iron and vitamin B₁₂.

Although babies are born with their own store of iron, this runs out by around six months, and it can be less easily absorbed from non-animal sources like vegetables. "The main problem with vegetarian babies is getting them to eat enough iron-rich foods, especially if the mother is still breast-feeding as breast milk doesn't contain much iron," says Ms Macdonald. Iron-rich alternatives include prune juice, pureed apricots, molasses, refined lentils, cereals, beans and green vegetables. Vitamin C makes it easier for the body to absorb iron, so give plenty of fresh fruit and vegetables with meals, or diluted fruit juice.

Vegan babies

An American scientist recently spoke out against parents who raise their children as vegans, saying it was unethical and could harm their development. Parents will certainly come across some opposition if they choose to bring their baby up as a vegan. "I'd certainly encourage parents to consult a dietician for advice if they want to bring their baby up as a vegan," says Ms Gardiner. Vegan babies should be fed on breast milk or soya formula fortified with calcium before six months, but

the first foods are the same as with other babies. From seven months you can introduce wholegrain cereals for protein such as pureed lentils and lima beans.

It is important to introduce alternative sources of calcium to dairy. These can include milk-free cheeses, tofu, green vegetables, dried fruit, seeds, nuts, bread and fortified soya drinks.

Vegan babies can be deficient in vitamin B₁₂ (found in dairy products and eggs) and good alternative sources are fortified soya drinks, low-salt yeast extract, breakfast cereals and vegetable margarine. You can also give vitamin B₁₂ supplements when the child is older.

While vegetarians can get their vitamin D from dairy products and eggs, vegan babies need alternative sources like soya milk and vegetable margarine.

Formula progress

Milks saw growth of 19 per cent in independent pharmacies last year (*FSA Dec '04*), and much of that is thought to be down

Continued on page 34

Baby meals facts and figures

According to Mintel, baby meals are now worth £130.8 million, with finger foods a fast growing sector, now taking sales of £17.9m, higher than the baby drinks market now worth £15.6m. Baby biscuits grew by 141 per cent between 2000 and 2004 and fruit cereal bars now account for 20 per cent of finger foods sold.

Organic baby foods now make up 48 per cent of the market, valued at £79m (*FSA Feb 2005*). The sector is currently growing by 4 per cent.

Baby feeding product news



Hipp has produced a *Baby's First Year* book for parents to record their baby's milestones. It also looks at key stages of development and includes Hipp money off tokens. It is being sent to new parents with the baby's birth certificate. Hipp is promoting its baby foods with consumer press advertising. It is also promoting its follow-on and growing-up milks.

Hipp Nutrition UK Ltd, tel: 01635 528250

A new review published in the journal *Prescriber* compared six alternative methods of treating colic symptoms and found that only use of a lactase enzyme solution, such as Colief Infant Drops,

dramatically reduced the crying time. The trial carried out at Guy's Hospital found that crying time was typically reduced by 45 per cent when Colief was used.

Britannia Health Products, tel: 01737 773741



Colic remedy Infacol has been relaunched in new packaging for better on-shelf visibility. New information leaflets are also available from Forest Laboratories, entitled *Coping with Wind and Infant Colic* – for copies e-mail jhirsch@forest-labs.co.uk or fax 01322 558776.

Cannon Avent has won its fifth Queen's Award for Enterprise in the Innovation category for its baby feeding products. The company was recognised for its continuous innovation and development within its infant feeding range over the past 20 years. Its market share has grown from 4 per cent in the 1980s to 50 per cent today, with 20 per cent of the world infant feeding products market. Cannon Avent's newest innovation is the ISIS iQ Duo, a twin electronic breast pump. The electronic device 'learns' the mother's pumping rhythm and maintains it until changed with the touch of a button. The device means women can express milk in half the usual time.

Cannon Avent, tel: 01787 267000



Babycare brand leader **Tommee Tippee** makes the ideal travelling companion for your youngest customers with products old and new



It's not your average holiday company – but going away with

Tommee Tippee

certainly makes everything easier for those with babies and children in tow.

Tommee Tippee has spent the last 40 years coming up with baby accessories that take a lot of the hard work and hassle out of travelling with a young family, whether the choice is camping, the Costas or the Caribbean.

When mums call into the local pharmacy for sun lotions, insect repellents, plasters and wipes, there is every reason to point them towards the baby section to make sure they don't miss out on the products that can make travelling much easier.

Breast feeding mums will find the award-



winning **Freedom Breast Pump** (£23.99), in its own carrying bag, will fit discreetly into their cases and the fact it has only three parts makes it simple to keep together as well as to use.

And both breast and bottle feeding mums may benefit from the unique **Steri-bottles** from **Tommee Tippee** (£1.99 for four), the world's only pre-sterilised fully disposable feeding bottle.

Using cartons of ready mixed formula – or expressed breast milk – baby can enjoy an immediate feed without any hassle. Each single-use Steri-bottle has a wide soft teat

which suits most babies. And with Victoria Beckham just taking delivery of a bumper supply for baby Cruz in Spain, Steri-bottle mums are in good company.

If mum can't envisage being without a steriliser, then the **Performance Plus Microwave Steriliser** is a great option because it also doubles as a cold water steriliser when a microwave isn't available. The lid locks too, so it's a simple matter to load it up with bottles etc and pop it into the car, and if mum isn't sure about the cleanliness of her destination, then the Performance Plus has a lid that folds down flat on a work surface to provide a perfectly sterile area on which to make up bottles.

Best of all the Performance Plus Microwave Steriliser is currently on promotion at £5 off the recommended retail price, making it only £14.99. And considering it comes with three wide neck 260ml **Tommee Tippee** bottles with Comfort Nuby teats, a bottle brush, teat tongs and Milton sterilising tablets together valued at £15, the deal really is too good to miss.

At feeding time mums can make life easy with the **Roll 'n' Go Bib** (£2.99) which can be washed under the tap after meals and stored away in a changing bag. And one of the big success stories of the summer so far has been **Tommee Tippee Disposable Bibs**, £3.99 for 20 in a handy pack which allows one bib at a time to be removed.

The **Tommee Tippee** cutlery travel case (rsp £2.99) is also indispensable for

mealtimes, as it's a great way of taking out perfectly clean spoons and bringing them back dirty without them messing up the inside of a handbag.

The **Kids on the Go** range has always been a great success with children from an early age – and their parents – because the products look cute while having an element of street cred – and they are all leakproof.

This year the KOTG collection has had added impetus with the addition of insulated lunchbox, neck support cushion and seat belt covers, car tidy bag, car sunshades and children's sunglasses.



Finally, an unsung hero in the **Tommee Tippee** portfolio is the **Potette Travel Potty** (£6.99) which at one time or another has won every accolade going in the parenting press. The Potette uses disposable liners (a must-have repeat purchase at £2.49 for 10) and folds away in its own drawstring bag to give parents freedom and peace of mind at potty training time whether they are in the car, on the beach or in the queue at Euro-Disney!

Coming up soon ... the best nursery product in the world just got better!

Announcing the imminent arrival of the new **Tommee Tippee Nappy Wrapper**, still £29.99 but now in new colourways of white and lilac and featuring refill cassettes in two strengths for babies 0-4 months and then 4 months plus. Both cassettes will fit the existing lemon-coloured nappy wrapper tub.

The new Nappy Wrapper has all the plus points of the existing products but is now even easier to use. Watch this space for further details.



For further details of products, deals or to arrange for a Territory Manager to call, please ring the customer services department at Jackel International Ltd on 0191 250 1864.

Top five brands

Dry Food

Farley's
Cow & Gate Dry
Heinz Organic Dry
Hipp Dry
Organix

Finger foods

Farley's
Baby Organix
Cow & Gate
Boots
Hipp

Wet food

Hipp jars
Heinz jars
Heinz cans
Cow & Gate Wet
Organix

Baby milk

SMA Gold
SMA Progress
SMA White
Cow & Gate Step Up
Cow & Gate Premium

Source: FSA Dec 2004

to the growth of the ready-to-feed sector, which grew in value terms by 17.7 per cent and volume by 28.2 per cent (*ACNielsen ScanTrack, Mult Grocers, MAT 14/5/05*). "We're not seeing them being used all the time, but for occasional convenience usage, such as when travelling or when the baby is being looked after by someone else," says Ms Mackenzie, senior brand manager at Cow & Gate.

A significant development in formula milks over the past year has been the introduction of prebiotics, which Nutricia added to its Cow & Gate and Milupa milks. "Naturally found in breast milk, prebiotics have been shown to mimic their effect. They increase the levels of friendly bacteria in the gut and decrease levels of harmful bacteria. This helps to support the baby's defence system. It also has the advantage of giving babies softer stools, as constipation can sometimes be a problem in bottle-fed babies," says Ms Mackenzie.

Manufacturers are trying to prolong the time that babies are given formula milk before switching to cow's milk. At the moment most parents switch from follow-on to cow's milk at 12 months, and by 17 months only 8 per cent are still using formula milk. Hipp Organic was the first to launch a milk designed for babies from 10 months onwards. Called a "growing up milk", it comes in a ready-to-drink bottle or as powdered formula. It contains more energy and protein than follow-on milk as it's aimed at active toddlers.

Nutricia is moving into the growing-up market too, with new products in the Cow & Gate and Milupa brands. "Aimed at toddlers from 12 months to three years, the milks

contain more vitamin C, more prebiotics and less saturated fat than our follow-on milks," says Ms Mackenzie. They'll be available in ready-to-use 200ml and 500ml bottles.

Goat's milk brand NannyCare has also included a growing-up milk in its range.

Baby toiletries news

Johnson's Junior is a new range of toiletries for 2-5 year olds, all of which have the Johnson's No More Tears formula. The bottles are in vibrant colours featuring fun characters and come in spill-proof packs so kids can use the products themselves. The range includes: Johnson's Junior 2 in 1 Easy-Cleaning Bath &

Breast-feeding news

Continued on page 36

The Government is to try and persuade more women to breast feed their babies with a series of new initiatives that will be brought in next year. Sales of formula milk on the NHS are to be stopped, and the current milk tokens will be exchanged for a voucher which can be used for healthy foods instead. The advertising of formula milks is to be further restricted and local targets are to be set to improve breast-feeding rates.

Despite widespread publicity about the benefits of breast feeding, it seems that many parents still don't know the facts. A survey carried out by the National Childbirth Trust as part of Breastfeeding Awareness Week found that 55 per cent of people didn't know that the benefits of breast-feeding start from day one, by stabilising blood sugar, protecting the gut and providing natural antibodies. The NCT is encouraging women to breast-feed for as long as they feel able to, as every feed makes a difference. Belinda Phipps, chief executive of the

NCT, commented: "Because the benefits start right from the first feed, any amount of breast-feeding is a reason to feel proud. This is especially important for the nine out of 10 women who stop breast-feeding before they want to, generally because of lack of good information or support from those around them. But it is important that everyone who has ever breast-fed knows that each day makes a difference."

The survey also found that 91 per cent of people didn't know that breast-feeding for just one month has a lasting impact on the baby's health for the first 14 years. And two thirds didn't know that giving breast and formula milk still gives babies some protection against infection (formula milk doesn't cancel out all the benefits of breast milk). Around half of those surveyed weren't aware that breast-feeding cuts the mother's risk of osteoporosis and ovarian cancer.

Milk news

Nutricia has launched a growing-up milk into its Cow & Gate and Milupa Aptamil brands. Available in 200ml and 500ml resealable plastic bottles and also packs of four (500ml only), prices range from £0.45 (200ml) to £3.99 (four pack). The launch is being supported by a £4 million campaign to include television, radio and press advertising as well as in-store activity and direct mail.

Nutricia, tel: 01225 768381

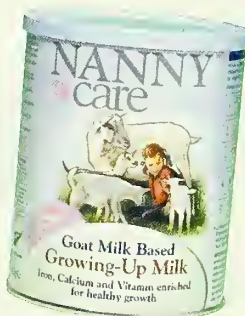


Also new to Cow & Gate is a 200ml tetra-pack version of its Nutraprem 2, the post-discharge milk for premature babies.

Nutricia, tel: 01225 768381

Nannycare Goat Growing-Up Milk is fortified with iron and vitamin C to protect against iron deficiency in toddlers as well as all the other vitamins and nutrients vital for health growth. It comes in a 400g tin retailing at £7.95.

Vitacare, tel: 020 7722 4300



The SMA range of baby milks has been repackaged to give it a contemporary, user-friendly look. The range includes the most popular baby milks SMA Gold, SMA Progress and SMA White as well as a range of special feeds for babies with particular needs. These include SMA LF for lactose-intolerant babies, SMA High Energy for babies who need a higher

energy intake, SMA Staydown and SMA Wysoy, a soya formula.

SMA Nutrition, tel: 01628 660633



SMA Staydown formula for babies with reflux problems is now available on prescription. The formula contains an easily digestible starch that helps to keep the feed in the baby's stomach. It contains nucleotides to strengthen immunity as well as beta-carotene and selenium.

SMA Nutrition, tel: 01628 660633



Cow & Gate Pepti is a new milk for babies with cow's milk protein allergy. Suitable from birth, the formulation has been used in Europe for over 10 years. Available in 900g packs, it will be prescribable.

NOW THE NHS RECOMMENDS LACTOSE-FREE FOR COLIC... HOW COMFORTING IS THAT?

Few things can be more distressing for babies and parents than a bout of colic. And, unfortunately, nobody really knows the cause.

But, with the latest research showing a link to lactose intolerance,¹ NHS guidelines are recommending that for bottle-fed babies, a clinically lactose-free infant milk formula like SMA LF* may help.

And because SMA LF is nutritionally complete and whey based, it won't upset babies' feeding routines if they temporarily have to switch.

It's also the only lactose-free formula with nucleotides, which promote the growth of bifidobacteria², to help protect against problems in the gut.

**Recommend SMA LF first-line
for colic[†] – it's the comforting
choice for everyone.**



**NOW
FIRST
LINE
FOR COLIC[†]**



**Sma
LF**

For further information, or to request literature, contact the SMA Careline* on 0845 776 2900 or visit our website at www.smanutrition.co.uk/hcp

References: 1. www.prodigy.nhs.uk/guidance.asp?gt=Colic%20-%20infantile#MANAGING_TREATMENTS_WITH_LACTASE_A (last accessed June 2005). 2. Gil A *et al.* Effects of the addition of nucleotides to an adapted milk formula on the microbial patterns of faeces in at term newborn infants. *J Clin Nutr Gastroenterol* 1986; 1: 127-132. [†]Reassurance of the parents/carer should be given first – and may be all that is needed.

IMPORTANT NOTICE: This product must be used under medical supervision. SMA LF is a milk based formula for the dietary management of infants and young children who are intolerant to lactose or sucrose, or who are suffering from symptoms such as diarrhoea, tummy ache or wind caused by temporary lactose intolerance. It is suitable as the sole source of nutrition for infants up to six months of age, and in conjunction with solid food, for infants and young children up to eighteen months of age. Professional advice must be followed on the need for and proper use of formulae and on all matters of infant feeding. SMA LF is not suitable for those who are allergic to cows' milk protein, or who suffer from galactosaemia or require a galactose free diet. Breast feeding is best for babies.

SMA Nutrition, Huntercombe Lane South, Taplow, Maidenhead, Berkshire SL6 0PH.

*Trade Mark

ZLP001018/01

Shower; Easy Foaming Hand & Face Wash; Easy-Combing Spray; Easing Rinsing Foam shampoo; Easy-Combing shampoo. All products cost £1.99 each.

Johnson & Johnson, tel: 01628 822222

To help the transition from nappies to potty, Johnson's has introduced Junior Easy Cleaning Toilet Wipes. Enriched with cleaning lotion to make it easier for parents and toddlers to use, they come in a refillable tub to keep by the potty, in a laminated pack or a travel pack.

Johnson & Johnson, tel: 01628 822222

Avent has a new gift set ideal for a new baby – the Baby Massage gift set. It includes No Tears Baby Body & Hair Wash, calming massage gel, a soft hooded towel and the Avent baby massage guide. It retails at £14.99.

The company has relaunched its Future Mother and Baby Skincare Must-Haves gift sets in reusable mesh cosmetic bags. Both retail at £11.99 each.

Also new to the Avent range are a variety of minimalist, contemporary soothers. Available in 0-3 months, 3-6 months and 6-18 months sizes, the silicone soothers come in various colours.

Cannon, tel: 01787 267000



The Simple Baby range has been extended with six additional products. They include Moisturising Lotion Spray, Moisturising Cream and Moisturising Oil Mist to care for baby's delicate skin. For bath time there's Moisturising Body Wash and to prevent chafing there's Softening Liquid talc. There's also a Zinc & Castor Oil barrier cream and

First aid product news

The Snufflebabe decongestant range has been extended to include Easy Breathe Vapour Rub Stick (£3.75) and Easy Breathe Soothing Nose Balm (£2.95). The Vapour Stick uses the same formulation as the existing Snufflebabe and can be used on babies from three months old. Easy Breathe Soothing Nose Balm is for children from three years and contains menthol, eucalyptus oil and pine oil. The brand is being supported with a £250,000 campaign including advertising in parenting press, sampling and pharmacy training materials.



Ransom Consumer Healthcare, tel: 01462 437615



Sudocrem is still the UK's number one selling nappy rash cream, with a 77 per cent market share. It contains a mild local anaesthetic to soothe pain and irritation and antiseptic properties to protect skin from infection and irritants. A new leaflet, *A Guide to Nappy Rash*, is available. For copies, e-mail jhirsch@forest-labs.co.uk

Forest Labs, tel: 01322 550550

Elastoplast Disney Princess plasters come in packs of 16 and are painless to remove.

A new type of plaster is available to help reduce the risk of wound infection. Elastoplast Silverhealing plasters are adapted from silver technology used in hospitals to treat acute wounds. The pad contains metallic silver under a polyethylene net and on contact with moisture in the wound releases silver ions, which destroy bacteria. Additional antiseptic creams and ointments should not be used with the plaster as this may affect the antimicrobial activity.

Beiersdorf UK, tel: 0121 329 8800

the baby wipes now come in a travel pack.

Accantia Health & Beauty, tel: 0121 327 4750

The Metanium nappy cream range has been extended to include Metanium Cradle Cap Cream, Baby Moisturising Cream, Soft Petroleum Jelly and Zinc & Castor Oil Cream.

Metanium Cradle Cap cream is for the 50 per cent of babies who experience this condition and has been designed to be an easier solution than olive oil. The cream is applied to the scalp, then washed off after between 30 minutes and two hours.

Baby Moisturising cream is a light, easily absorbed formulation; Soft Petroleum jelly is for soothing dry skin and lips; Zinc & Castor Oil cream is a traditional barrier cream. All products are packaged in 100ml tubes.



Metanium is being supported by a £500,000 consumer campaign in parenting magazines as well as online advertising and sponsorship.

Ransom Consumer Healthcare, tel: 01462 437615

Promotion

Fennings Children's Cooling Powders

As many mums will tell you, some kids just don't like to take their medicine. Mixing

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Fennings Children's Cooling Powders are available from all wholesalers in packs

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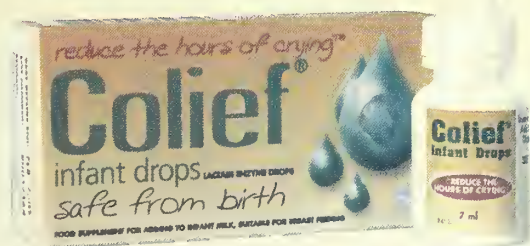
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- Colief® is equally effective in both formula and breast milk.
- In the latest research, up to 40% of infants with colic responded positively to being fed milk treated with Colief®.
- Colief® is a food supplement, not a medicine.
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- Colief® is approved by the ACBS for prescription by Doctors on the NHS.



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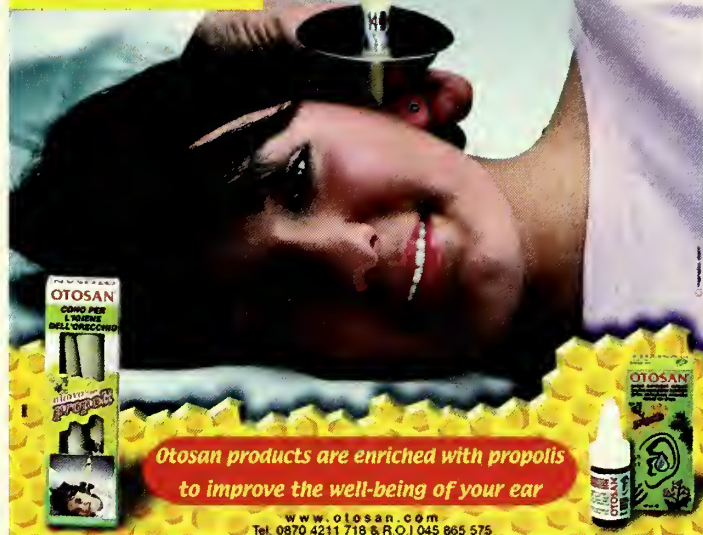
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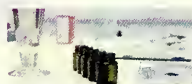
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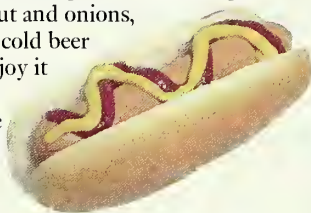


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ADDING VALUE

Back ISSUES

Make mine a dog and beer

If your favourite food indulgence is a hot dog dripping in sauerkraut and onions, washed down with a cold beer then you can now enjoy it with a clear conscience – because scientists have come up with some research to say it is actually good for you.



The American Chemical Society's *Journal of Agricultural and Food Chemistry* has published some data to show that a hot dog and beer can have health benefits including lowering the blood pressure (sunflower seeds) reduced cholesterol (beer), reducing your risk of cancer (sauerkraut) and osteoporosis (onions).

Needless to say, you have to eat the above in moderation to get the benefits, but hey, something is better than nothing. Enjoy!

Top to bottom in a fortnight



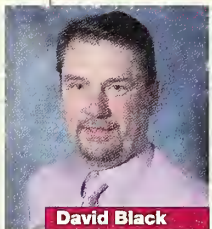
Robin Hendy, left, and Gareth Clowes at the end of their 988 mile trip from John O'Groats to Land's End

Appoin ment



Bill Ennis

Pharmacy software company Positive Solutions has announced the appointment of **Bill Ennis** as operations manager. Mr Ennis joins from EPoS specialist Anker Systems, where he was logistics manager. At Positive Solutions, he will be responsible for the field engineer, bench engineer and help desk teams.



David Black

David Black has been named head of project management by Penn Pharmaceutical Services. Mr Black has joined the provider of integrated pharmaceutical outsourcing services from Excell Biotech, where he was project management and customer services director. Part of his job at Penn will involve enhancing a customer-focused approach to project delivery across the organisation.



Andy Appleyard

Glass container manufacturer Beatson Clark has appointed **Andy Appleyard** to the role of production director. Mr Appleyard was previously general manager for Denso Marston, a major supplier of automotive parts for car manufacturer Toyota.

Technology company Starbridge Systems has announced two senior appointments as part of its drive to launch its new product – a plaster containing a drug-delivery pump. With experience in healthcare products, pharmaceuticals and medical devices, **Alistair Taylor** has joined the board of directors, whereas **John Milner**, familiar with gaining product approvals and establishing quality systems, has been named chief operating officer.

The Co-operative Pharmacy Group's Gareth Clowes pedalled from John O'Groats to Land's End recently – and raised £1,000 in the process.

Usually spotted driving round North West England and South Yorkshire in a Mercedes in his role as regional sector manager, Gareth and his friend Robin Hendy covered the 988 miles in just two weeks for their chosen charity, Cancer Research UK.

Gareth commented: "We were just looking for a challenge, something to

stretch us and that we hadn't done before... I did some training but I'm not really a cyclist – I'd never ridden more than 30 miles before."

The pair didn't take the most direct route between the two places, and explained: "We wanted to enjoy it and spend some time seeing different places, rather than just slog the whole way. We were lucky with the weather and it really was fantastic." And it must have been. Gareth says they are already planning another challenge for next year.



Seven Seas threw a party for staff and management at its headquarters in Marfleet, near Hull, to celebrate its 70th birthday recently. Pictured cutting the cake are Hull Lord Mayor Councillor John Fareham, Seven Seas managing director Chris Zanetti, former paratrooper John Spiers, winner of a national search conducted by Seven Seas to identify the country's most active 70 year old, and Hull City and England footballer Nick Barmby

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The New Pharmacy Contract

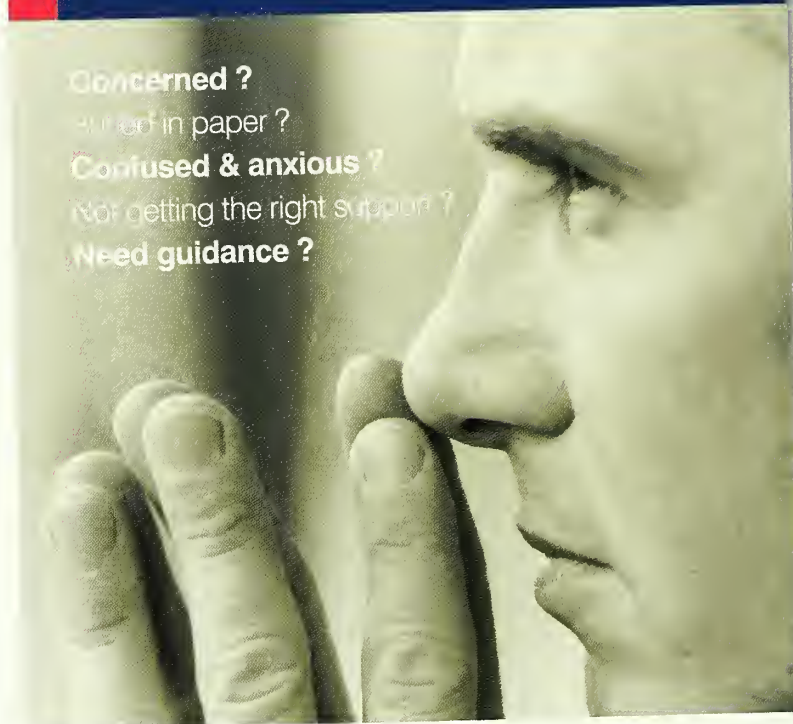
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